

C.A.S.Y. PRESCHOOL
Emergency Drop Off / Pick Up
20_____ - 20_____

STUDENT NAME: _____

CLASSROOM: _____

DATE: _____ THROUGH _____

PARENT
SIGNATURE: _____

PHONE: _____

The person named below has my permission to drop off /Sign in and pick up/Sign out my child from C.A.S.Y. and may be called in case of emergency.

NAME: _____

PHONE: _____

PICK UP
SIGNATURE: _____