

P&D ELC Permission to pick up form

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Parent's signature: _____

Date: _____

Centre management: _____

Date: _____