|  |  |
| --- | --- |
| pssun | Trinity UCC Preschool2340 State StreetEast Petersburg, PA 17520569-1632 569-0592 |

**CAR RIDER FORM**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)’ Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will be picked up by:

 Name Phone # Relationship to Child

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If something should change, I will send in writing (or email my teacher and cc Director) the name, phone number, and relationship to my child, of the person that has my permission to pick up my child that day.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Date

Tiny Tots: Tinytotsclass@trinityeastpete.org

2 Day: 2dayclass@trinityeastpete.org

3 Day: 3dayclass@trinityeastpete.org

4 Day: 4dayclass@trinityeastpete.org

Director: preschool@trinityeastpete.org

