



PICKUP AUTHORIZATION

STUDENT: _____ CLASS: _____ MWF _____ T/TH

Authorized Individual _____ Relationship _____

Phone _____ Address _____

Authorized Individual _____ Relationship _____

Phone _____ Address _____

Authorized Individual _____ Relationship _____

Phone _____ Address _____

Authorized Individual _____ Relationship _____

Phone _____ Address _____

Parent/Guardianship signature _____

Date _____

Director Signature _____ Date _____

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