



## Crossing Cooperative Nursery School Child Pick-Up Permission Slip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

has my permission to pick up

(Driver's Name and Relationship to child)

my child \_\_\_\_\_ in \_\_\_\_\_ Class.

(Child's name)

(Please check one):

\_\_\_\_\_ On \_\_\_\_\_.

(Write in specific date)

\_\_\_\_\_ Any time during the 2024 - 2025 school year.

Guardian signature \_\_\_\_\_

It is CCNS policy that the teachers/Administration will ask the adult for identification the first time they pick up your child to confirm identity. Thank you for your cooperation and if you have any questions please call the office at 215-493-2535.

(\*\*Multiple Driver Names may be added to this form)