



17 Greenwich Church Road
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www.greenwichnursery.com

2026-2027 Authorization for Pick Up

Child's Name: _____ **Today's Date:** _____

Please fill out the form below relating to those persons authorized to pick up your child from school. If it is ever necessary for someone other than those listed to pick up your child you must fax us written authorization in order for us to release your child. Please be aware that the person will be asked to provide current/valid photo identification. **Parents must be listed.**

If there are any custody issues we must have legal documentation with regard to who can pick up your child and on what days.

Please provide contact information for **at least 3 individuals** who can pick up your child within a half hour in case of an emergency.

1.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

2.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

3.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

Use the back, if more space is needed.

2026-2027 Authorization for Pick Up cont.

Child's Name: _____

4.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

5.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____

6.) Name: _____

Address: _____

Phone: _____ Cell: _____

Relationship to Child: _____