

**Luray United Methodist Preschool**

**1 West Main Street, Luray, VA 22835**

**Phone 540-743-6540**

Child's Name \_\_\_\_\_

**People Authorized to pick up my child:**

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**People not authorized to pick up my child:**

Copies of court papers must accompany this application stating a parent is prevented from picking up the child. Otherwise both parents will be authorized to pick up a child.

- 1.
- 2.

Parent /Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_