

ST ANGELA NURSERY SCHOOL

Early Pick Up Form

My son/daughter: _____

Kindergarten: _____

Teacher: _____

Days, Dates and Time when to be picked up early:

S/he will be picked up by: _____

holding I.D. number: _____

Signature of Parent/ Guardian: _____

I.D. No. of Parent/ Guardian: _____

Telephone/ Mobile No.: _____