

Soleil Early Learning Academy

Authorized additional Pick-up/Drop-off members

I, _____ (name of parent/guardian) give my permission
for _____ (Child's full name) to be dropped off and picked up at
Soleil Early Learning Academy by adults named below.

Name: _____

Phone number: _____

Address: _____

Relationship to family: _____

Name: _____

Phone number: _____

Address: _____

Relationship to family: _____

Name: _____

Phone number: _____

Address: _____

Relationship to family: _____