



# Gan Chabad Preschool

6201 Indian Creek Drive

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## PICKUP AUTHORIZATION FORM

Student's

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Hebrew)

*Please list people authorized to pick up your child*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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