

# BROOKLYN TREEHOUSE PRESCHOOL | DISMISSAL FORM

Child's Last Name: \_\_\_\_\_

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

The following individuals are authorized to pick up my child from Brooklyn Treehouse Preschool:

Name	Relationship to Child	Phone Number

Please inform these individuals that proper identification will be required at pick up.

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

Parent Signature: \_\_\_\_\_

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

