

Sunbeams Nursery School

253 Myers Corners Road
Wappingers Falls, NY 12590
845-297-3408



Authorization Form

for

Child's Name: _____

Today's Date: _____

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

Signed: _____

(Custodial Parent or Legal Guardian)

Pickup Authorization

I authorize the following person(s) to pick up my child from Sunbeams Nursery School (include both parents, if applicable):

Under no circumstances will my child be released to someone else without my prior authorization.

Signed: _____

(Custodial Parent or Legal Guardian)

Date: _____