



**Seton Foundation for Learning  
850 Hylan Boulevard  
Staten Island, NY 10305**

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

**Main pick-up person:**

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

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional persons who may pick up child/children on a less frequent basis:**

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

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any person(s) NOT authorized to pick up my child/children:**

\_\_\_\_\_

***NOTE: Any person unfamiliar to staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed without WRITTEN permission from the parent.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date