



**“A Classical & Christ-Centered School”**

1426 Tanglefoot Lane  
Bettendorf, Iowa 52722  
Phone: 563.359.5700  
Fax: 563.359.5737

**PICK-UP AUTHORIZATION**

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

I hereby give permission for my child(ren) to leave the school with the following persons named below. It is the responsibility of the parents to notify the school in writing of any changes.

NAME	RELATIONSHIP	PHONE NUMBER
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\_\_\_\_\_  
(Mother)

\_\_\_\_\_  
(Father)

\_\_\_\_\_  
(Emergency Care Person)

Others: \_\_\_\_\_

If there is a separation or divorce custody problem of which we should be aware, please explain below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and relationship of persons who may **NOT** pick up your child:

\_\_\_\_\_

**TRAVEL/ACTIVITY AUTHORIZATION**

I do/do not (*circle one*) give permission for my child(ren) to leave Morning Star Academy for trips in a car or public transportation to special places, walks to the park, shopping trips, etc. I understand I will be notified before each such activity.

Restrictions on such trips:

1. Each child under six years of age will be secured in a seat belt for any field trip.
2. Additional restrictions, if any set by parents - List below:

\_\_\_\_\_  
\_\_\_\_\_

**PICTURE RELEASE**

I hereby do/do not (*circle one*) give my consent to let my child(ren) be photographed for use by the school in newspapers or other media for the purpose of publicity or advertisement.

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This form will be in effect for this year \_\_\_\_\_ and continue while our child/children is/are enrolled in this facility.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*