

B'H

Gan Chabad Authorizations For Pick-Up

Name : _____ Phone : _____

Address : _____

Relationship to child : _____

Name : _____ Phone : _____

Address : _____

Relationship to child : _____

Name : _____ Phone : _____

Address : _____

Relationship to child : _____

Name : _____ Phone : _____

Address : _____

Relationship to child : _____

Signature: _____ Date: _____

**Child will not be release to any individual not in this section unless
otherwise indicated in writing by parents/guardian.**