

Front

Back

Kreek Kids

Child Pick-Up Slip

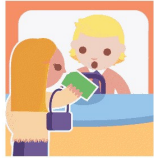
PARENTS: Please write your child's **SIGN IN #** from the Check-In sheet in the **CIRCLE** above and **on your child's name tag**. Write your child's pick up room number in the **SQUARE** below. **ALLERGY or MEDICAL ALERT?** Place RED DOT on name tag.

After service, **please present this slip** to one of the teachers in your child's classroom to pick up your child. THANK YOU!

Child's Pick Up Room# Today

Additional Information (optional)

Child's Name _____



NOTE: If you lose this pick up slip, you will be required to show picture I.D. Thanks for helping keep Kreek Kids a safe place for families!

Sample Check-In Sheet – Pick Up Room# will be posted by Check-In Sheet

K & 1st

Date: _____

☺ Please complete and ALL boxes that apply – Thanks!

Sign-In#	Child's Full Name	Grade	Time		Check-in Signature	Food Allergy or Medical Alert?
			9:00 AM	10:30 AM		
26						
27						