HRISTIAN SCHOOL						
Name of Facility:	Orange City Cl	<u>nristian Sch</u>	00	Address of Fa	cility: _	604 3 rd St. SW
Name of Child:						Orange City, Ia.
The following pe	rsons are allowed to	pick up my chi	ld from	child care in th	e even	t that I am unable to:
Name			Phone	1	<u>Rela</u>	tionship
Anyone NOT perm	nitted to pick up my ch	nild (with copy of	court or	der, if applicable	e):	
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Consent is given						
	for the items initiale	ed below:				
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Signature of Parent

Date