

**St. Paul's Nursery School of Fairfield, Inc.
661 Old Post Road
Fairfield, CT 06824**

PERMANENT CARPOOL FORM

1) Name: _____

2) Name: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Cell Phone: _____

Relationship to child: _____

Relationship to child: _____

3) Name: _____

4) Name: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Cell Phone: _____

Relationship to child: _____

Relationship to child: _____

5) Name: _____

6) Name: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Cell Phone: _____

Relationship to child: _____

Relationship to child: _____

The above people have my permission to remove my child: _____

_____ from St. Paul's Nursery School of Fairfield, Inc.

Parent Signature: _____

Date: _____