NEW HAVEN ELEMENTARY SCHOOL
Daycare Pickup Form

Please complete for children who will be regularly picked up from school by a daycare van or vehicle.

DAYCARE NAME ____________________________________________

Student Name ____________________________________________

Grade __________  Teacher____________________

Sibling’s Name ____________________________________________

Grade __________  Teacher____________________

Sibling’s Name ____________________________________________

Grade __________  Teacher____________________

Specific Instructions Regarding Pickup (Days/Carpool Details/etc.)

________________________________________________________

________________________________________________________

________________________________________________________

Parent Signature ___________________________________  Date _____________