

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 _____

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Sibling's Name _____

Grade _____ Teacher _____

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Sibling's Name _____

Grade _____ Teacher _____

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

Parent Signature _____ Date _____