

Wellington-Alexander CENTER

DYSLEXIA ASSESSMENT & INTERVENTION

9821 East Bell Road • Scottsdale, AZ 85260 • phone: 480-629-4461 • fax: 480-629-5898 • www.wellingtonalexander.com

Pick-up Permission Form

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| Child's Name: | |
| Date of Birth: | |
| Parent's Name: | |
| Date of Consent: | |

The following individuals have my consent to pick up my child from Wellington-Alexander Center:

| Name | Relationship to Child | Phone Number |
|------|-----------------------|--------------|
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The following individuals may NOT pick up my child:_____.

I consent to allow my child to ride his/her bicycle, walk or drive himself/herself home. (Note: helmet is required to ride bicycle). Please initial yes or no: Yes____ No_____.

Printed Name of Parent

Signature of Parent

Date