



Homeschool Enrichment Program

DROP OFF/PICK UP PARENT PERMISSION FORM

I, _____ (Name of Legal Guardian) give my permission for _____ (Child) to be dropped off and picked up from Mosaic Explore classes by people named below:

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

3. Name: _____ Relationship: _____

4. Name: _____ Relationship: _____

Name (Printed): _____

Signature: _____ Date: _____