



lintongrantaplaygroup

Pre-school and toddler group
Linton, Cambridgeshire

Child Collection Consent Form

Childs Name _____

D.O.B _____

I give consent for the following person to collect my child from Linton Granta Playgroup:

Name of Person _____

Address _____

Telephone _____

Relationship to child _____

Date of Collection _____

Parent/Carer Signature _____

Print Name _____

Relationship to child _____

Your contact telephone number during Linton Granta Playgroup hours:

(In case we have any questions regarding the collection of your child)

Please pass directly to a playgroup practitioner. Thank You



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