Apostles Learning Center

6025 Glenridge Drive, NE
Atlanta, GA 30328
404-256-3091

Child's Last Name:_____First name:_____

Only the person(s) below have my permission to pick up my child from APOSTLES LEARNING CENTER:

_____

_____

_____

_____

_____

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_____

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_____

Date:_____ Parent/Guardian Signature:_____