



★ **Baby & Toddler Centre** ★ **Nursery School** ★ **Grade R**

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## CONSENT TO COLLECT

I do hereby give the following 4 persons permission to collect my child.

<b>NAME OF CHILD</b>	
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<b>Name</b>	
<b>I.D No</b>	
<b>Contact No</b>	

<b>Name</b>	
<b>I.D No</b>	
<b>Contact No</b>	

<b>Name</b>	
<b>I.D No</b>	
<b>Contact No</b>	

<b>Name</b>	
<b>I.D No</b>	
<b>Contact No</b>	

<b>Signature</b>	
<b>Date</b>	



Directors: Nick Herbst. Diane Herbst

