



PICK-UP AUTHORIZATION FORM

In an effort to protect our children, we are asking that you let us know, in advance, who has your permission, other than you, to pick up your child at our center. You may pre-authorize individuals by listing them below. Please let these individuals know that they may be asked to show photo identification if a staff member is unfamiliar with them. Anyone coming to pick up your child who is not on the list will not be allowed to leave with your child unless we have received a prior, written notification from the custodial parents/guardians.

Child's Name: _____ Date of Birth: _____

AUTHORIZED ADULT TO PICK UP STUDENT

<u>Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>
<u>Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>
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<u>Name:</u>	<u>Phone Number:</u>	<u>Relationship to Child:</u>

Parent/Legal Guardian Authorization.

This information above is correct, and I hereby give permission for my child to be picked up from the listed individuals. I understand that my child will not be released to any individual that is not listed on this form.

 Parent/Guardian Printed Name

 Parent/Guardian Signature

 Date (valid for one year)