

# CHILD PICK-UP AUTHORIZATION

CHILD'S NAME \_\_\_\_\_

ADDITIONAL PERSONS WHO MAY PICK UP YOUR CHILD ON A LESS FREQUENT BASIS:

1. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

2. NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ANY PERSON(S) NOT AUTHORIZED TO PICK-UP MY  
CHILD; \_\_\_\_\_

NOTE: ANY PERSON UNFAMILIAR TO THE CENTER WILL BE REQUIRED TO  
SHOW PROOF OF IDENTIFICATION. UNDER **NO** CIRCUMSTANCE WILL THE  
CHILD BE RELEASED TO ANYONE OTHER THAN THOSE LISTED ABOVE  
WITHOUT **WRITTEN** PERMISSION FROM THE PARENT.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_