



Child Pick-up Authorization

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____

Phone: _____

Additional persons who may pick up my child/children on a less frequent basis

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____

Phone: _____

Name: _____

Address: _____ City/State: _____ Zip: _____

Relationship: _____

Phone: _____

Any person(s) NOT authorized to pick up my child/children

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed about without WRITTEN permission from the parent.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____