

# Child Pick-up Authorization

I authorized the following people to pick up my child from Square One Learning, LLC.

Child's Full Name: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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♥ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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Any person(s) specifically 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  
above without written permission from the parent.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_