Dawn to Dusk Pre School



Authorized Pick up List

	Name of Child (ren): I hereby inform Dawn to Dusk Pre School, that the people listed below are authorized to pick up the above named child(ren) at any time. Accordingly, Dawn to Dusk, is hereby instructed to release my child(ren) into the care of the following people whenever they come to the center. AUTHORIZED PICK-UP PERSON:		
	Name:	Relationship to Child:	Phone Number:
1			
2			
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l u	nderstand that:		
•	Parents/guardians must inform name of the person who is picki The "Authorized Pick-Up Person provide a photo ID to the staff.	ng up their child on any day wh	-
•	This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.		
	Authorized by:		
	Parent/Guardian Signature		Date