



## CHILD PICK-UP AUTHORIZATION FORM

Child's name: \_\_\_\_\_

**Main pick-up person:**

Name: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

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 above without WRITTEN permission from the parent.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_