



Authorization Form For Alternate Pick Up

Child's Name _____

Parent's Name _____

I give permission to _____ (relationship _____)
_____ (relationship _____)
_____ (relationship _____)
_____ (relationship _____)
_____ (relationship _____)

to pick-up my child from Ms .Jean's Child Care center.

Parent's Signature _____ Date ____ / ____ / ____

Provider's Signature _____ Date ____ / ____ / ____