

AUTHORIZATION TO PICK UP A CHILD FROM LITTLE LIGHT OF MINE

Name of
Child(ren): _____

I hereby inform Little Light Of Mine that the person listed below is authorized to pick up the above named child(ren). Accordingly, Little Light Of Mine is hereby instructed to release my child(ren) into the care of the following people when they come to Little Light Of Mine.

AUTHORIZED PICK-UP PERSON:

Name: _____

Relationship to Child: _____

Phone Number: _____

Please list an estimate of the days and times the "Authorized Person" will be picking up

Monday	Tuesday	Wednesday	Thursday	Friday

I _____ understand that the person that I have authorized to pick up my child(ren) may be asked for identification, and without identification my child may not be released.

Authorized by:

_____ Parent/Guardian Signature Date

_____ Parent/Guardian Signature Date