



# Chittenango Child Care Center, Inc.

208 Tuscarora Road  
Chittenango, NY 13037  
Telephone: (315) 687-7962  
Fax: (315) 687-7652

## Pick Up Permission

The following people have my permission to pick up my child \_\_\_\_\_  
from CCCCI. I understand that I am responsible for keeping this list updated.

1. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
5. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
6. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
7. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
8. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
9. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_
10. Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_