

Child Pick-Up

AUTHORIZATION

CHILD INFO

Name	Date
Parent/ Guardian Name	

AUTHORIZED PICK-UP LIST

The people listed below have my authorization to pick up my child from the program. I will inform my child's owner/ director/ teacher, each time a special pick-up is necessary. I understand that my child will only be released to individuals listed below, if I am unavailable. I also realize that they will be required to provide proper identification each time that they arrive at the center. If an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual.

Name	Relation to Child	Phone

NOT ALLOWED TO PICK-UP LIST

These people are NOT allowed to pick up my child. PLEASE NOTE: A copy of the court decision for custody cases MUST be on file in order for the program NOT to release a child to his/her non-custodial parent.

Name	Relation to Child	Address

The "Authorized Pick-Up Person" must be at least 18 years old and be asked to provide ID to the staff. This authorization remains in force until edited or rescinded by the signers of this authorization.

Parent / Guardian Signature _____

Date _____