



Authorized Pick-Up Form

All adults will be required to show proof of identification at pick-up. Under no circumstances will the child be released to anyone other than those listed below without *written* permission from the parent/guardian.

Child First & Last Name _____

Primary Pick-up Person First & Last Name _____

Phone _____ Relationship to Child _____

Street Address _____

City _____ State _____ Zip _____

Additional Persons Who May Pick Up My Child(ren)

First & Last Name _____

Phone _____ Relationship to Child _____

First & Last Name _____

Phone _____ Relationship to Child _____

First & Last Name _____

Phone _____ Relationship to Child _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date ____/____/____