

Persons authorized to pick up child: (other than parents)

Please include all requested information –

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Name _____ Phone _____

Address _____ Zip _____

Please check if any of the following apply:

- Parents only allowed to pick up child – Signature _____
Date _____
- Mother only allowed to pick up child – Signature _____
Date _____
- Father only allowed to pick up child – Signature _____
Date _____