

Authorized Pick Up

CHILDS NAME: _____ DATE OF BIRTH: _____

Besides the parents/guardians and the emergency contacts listed above, please list any additional individuals that may pick your child up from the program:

NAME: _____

NAME: _____

NAME: _____

NAME: _____

Please list anyone who is NOT permitted to pick your child up from the program.

NAME: _____

NAME: _____

Parent/Guardian signature: _____

Printed Name: _____ Date: _____

