



AUTHORIZED PERSONS TO PICK-UP

The following people have permission to pick up _____.
 (Child's name)

NAME	RELATIONSHIP	PHONE #
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		()
		()
		()
		()
		()

RESTRICTIONS: (Please list) _____

* People picking up children will be asked to show their driver's license at initial pick up. If any changes occur please notify the director or teachers by phone call or a written note.

Parent/Guardian Name

Date

Parent /Guardian Signature

Date

