

PICK-UP AUTHORIZATION FORM

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

BEST NUMBER TO REACH PARENT (IN ORDER OF MOST AVAILABLE):

 Home Work Cell

 Home Work Cell

 Home Work Cell

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____

BEST NUMBER TO REACH PARENT (IN ORDER OF MOST AVAILABLE):

 Home Work Cell

 Home Work Cell

 Home Work Cell

Please list all individuals that you authorize to pick-up your child. Please note that a photo ID must be presented at the time of pick-up.

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

PARENT / GUARDIAN SIGNATURE

DATE