



PICK-UP AUTHORIZATION

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Please list all individuals you authorize to pick up your child (limit 3)

The following people **MUST** present a photo ID at time of pick-up

Name	Relation	Phone
1. _____		
2. _____		
3. _____		

Parent/Guardian's Signature: _____

Must be original

Date: _____

CONFIDENTIAL