



RESTRICTED PICK-UP FORM

List of Persons Authorized to Pick Up My Child(ren)

In accordance with the state law, we must have on file the names, addresses and telephone numbers of the individuals permitted to drop off and collect your child(ren) from our facility. If someone arrives to pick-up your child(ren) and we have not been introduced and their name is not on our file, we CANNOT release your child to them.

Please list below any person's authorized to pick up your child(ren) so that we can avoid any embarrassment, inconvenience, or tragedy. Also, please call us if you will not be in attendance or if there are changes to the carpool pick-up schedule.

Name of Child: _____ **Birth Date:** _____
(Last) (First) (Nickname)

PLEASE INCLUDE CHILD(REN)'S PARENTS AND/OR GUARDIANS

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Mobile Phone: _____

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Address: _____ City: _____ State: _____
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Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Home Phone: _____ Mobile Phone: _____

I give the above listed persons permission to pick up my child, and I understand that if the name does not appear on this list, my child will not be released to them.

Parent / Guardian Signature: _____
Parent / Guardian Name: (Printed) _____

Date: _____