

AUTHORIZATION FOR CHILD PICK-UP FORM

Child's Name: _____

List the names of at least 2 individuals, in addition to parents, who are authorized to pick up your child. If anyone else will be picking up your child, it is imperative that you notify the center director, in writing on or before that day. Kidz Korner will not release a child to anyone who is not authorized in writing to pick up.

Parent Signature: _____ Date: _____

Please list all individuals authorized to pick your child up, including parents:

1) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

2) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

3) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

4) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

5) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

6) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

7) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____

8) Name: _____ Relationship to Child: _____
Address: _____
Daytime Phone Numbers: work () _____ home / cell () _____