



TODAY'S DATE: _____

PICK-UP PERMISSION FORM

CHILD'S FULL NAME: _____

I hereby give permission for my child to leave the center with the following named below. It is the responsibility of the parents to notify the center, in writing, of any changes.

NAME	RELATIONSHIP	HOME PH	WORK PH	CELL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation, divorce or custody situation of which we should be aware, please explain:

Names of persons who **MAY NOT PICK UP** your child:

Date

Signature of parent or guardian