

Pick-Up Form



Child's Information

Child's Full Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Contact Number: _____

Additional Emergency Contact Information

Emergency Contact Name: _____

Relationship to Child: _____

Emergency Contact Number: _____

Authorized Individuals for Releasing Child

Please provide the names of individuals who are authorized to pick up your child. They will be required to show a valid ID during the pick-up process. Please inform us in advance if there are any changes to this list.

Please note that children will only be released to individuals listed below unless we receive prior written notification from the parent/guardian. (Staff – please initial and date next to an authorized person's name when the child is picked up by that individual.)

1. Name: _____

Relationship to Child: _____

Contact Number: _____

2. Name: _____

Relationship to Child: _____

Contact Number: _____

3. Name: _____

Relationship to Child: _____

Contact Number: _____

4. Name: _____

Relationship to Child: _____

Contact Number: _____

By signing this form, I acknowledge that I have read and understood the policies and procedures related to the pick-up process of the children's program and agree to abide by them.

Parent/Guardian Signature: _____ Date: _____