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 pickup 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 name, address, and telephone number who has the authority to pick up your child so that we can avoid any embarrassment, inconvenience, or tragedy. Also, please call us if you will not be in attendance.

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

Name _____ Home Phone:_____

Address _____ Zip Code _____

Where Employed _____ Office Phone:_____

Name _____ Home Phone:_____

Address _____ Zip Code _____

Where Employed _____ Office Phone:_____

Name _____ Home Phone:_____

Address _____ Zip Code _____

Where Employed _____ Office Phone:_____

Name _____ Home Phone:_____

Address _____ Zip Code _____

Where Employed _____ Office 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 **Date**