

Pickup Authorization

Persons who are authorized to pick up your child:

Child's Name _____ Date: _____

Name _____ relationship _____

Address _____ e-mail _____

Phone # _____ cell phone _____

Name _____ relationship _____

Address _____ e-mail _____

Phone # _____ cell phone _____

Name _____ relationship _____

Address _____ e-mail _____

Phone # _____ cell phone _____

Name _____ relationship _____

Address _____ e-mail _____

Phone # _____ cell phone _____

Parent's signature: _____
