

Child Pick-Up Form

The following people **HAVE** permission to pick-up the child named below from **Early Learning Center**. It is the parent's responsibility to notify me in writing of any changes.

| Child's Name | DOB | Age | Sex |
|--------------|-----|-----|-----|
|--------------|-----|-----|-----|

1. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

3. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

B. The following people **MAY NOT** pick-up my child(ren) from **Early Learning Center**:

1. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

2. Name: _____ DL #: _____

Relationship: _____

Address: _____

Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification.

| | |
|-----------------------------|------|
| Parent/Guardian's Signature | Date |
|-----------------------------|------|