

CHILD PICK-UP AUTHORIZATION FORM (To be completed by Parent/Guardian)

<u>CHILD/FAMILY INFOE</u> PLEASE PRINT CLEARL			
		le Birthdate / / Age	
	City		
Home Phone	School		
		Kids to the people listed below at any time. I understa fication before releasing my child.	
Name	Name	Name	
Address		Address	
Work Phone			
Home Phone			
Cell Phone	Cell Phone	Cell Phone	
Relationship			
-			
Name		Name	
Address		Address_	
Work Phone			
WOIK FIIOHE			
Home Phone	Home Phone	Home Phone	
Cell PhoneRelationship		Cell Phone	
1	1	Relationship	
permission to make decision facility in case of an emerge	the ECK staff is unable to reach the parns regarding the care of my child, inclu	rent/guardian listed above, the following individual luding permission to pick up my child from the dayca	
Home Phone ()	Work Phone ()	Cell()	
Home Address	City	State Zip	
 ✓ It is my responsibility up on time and attem an authorized person officials for further in ✓ Should a person arrive safety, staff may have 	K staff immediately of any changes on thicy to arrange for my child to be picked up up to contact me have failed, another aut a to pick up my child have failed, the ECK instructions. We to pick up my child who appears to be be no recourse but to contact the police.	his form. In from the center before closing. If my child is not picked thorized person will be contacted. If all attempts to contact the contact Child Protective Services and/or polar under the influence of drugs or alcohol, for the child's are the contact Child Protective Services and/or polar under the influence of drugs or alcohol, for the child's are the contact the conta	
Parent Signature			