

Authorized Pick Up Form

Authorized Pick Ups

Please list individuals authorized to pick up your child ANY time you are unable. It is important this form is available in the event you have an emergency!

Name (Required): _____

Phone Number (Required): _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Unauthorized Pick Up

Please list individuals NOT allowed to pick up your child/children.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Any additional information or concerns:

Signature (Required): _____

Date (Required): _____