

Approved Pick-Up Persons Form

Child's Full Name: _____

Date of Care: _____

Please list all individuals authorized to pick up your child. Photo ID must be shown at pick-up. Only those listed below will be allowed to leave with your child unless written notice is given.

1. Primary Parent/Guardian (You)

Full Name: _____

Phone Number: _____

2. Additional Approved Person

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Photo ID Provided: ☐ Yes ☐ Will show at pick-up

3. Additional Approved Person

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Photo ID Provided: ☐ Yes ☐ Will show at pick-up

4. Additional Approved Person (Optional)

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Photo ID Provided: ☐ Yes ☐ Will show at pick-up

Parent/Guardian Signature: _____

Date: _____