

CHILD PICK-UP AUTHORIZATION

| l, | , authorize |
|--|--|
| Name | () Area Code/Phone Number |
| to pick up my child, | , |
| from the | room/site on the following |
| date(s) | · |
| I understand that if this person is late in pall late charges. | icking up my child, I am responsible for |
| Parent/Guardian Signature | |