

CHILD PICK-UP AUTHORIZATION FORM

Dear Parent(s)/Guardian(s)

AM2PM Childcare Learning Center places utmost importance to child's safety and security. So as to update child record, please provide the outlined information. This list will supersede any previous authorization in its entirety, and hence any names not on this list will be deleted from the system. If a center teacher will be your alternate pick-up/transport person, please remember that the arrangement is between you and the teacher with no obligation or liability on the part of the center or its management. The teacher's name must be written as an additional pick-up person.

Child's Name: _____ **Date of Birth:** _____

Primary Pick Up Person: Code Word (For Security): _____

Full Name: _____ Relationship: _____

Address: _____

Email Address: _____ Phone: _____

Additional Pick-Up Persons Authorized to Pick-Up Child:

Full Name: _____ Relationship: _____

Address: _____

Email Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____

Email Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____

Email Address: _____ Phone: _____

Any Person(s) NOT Authorized To Pick Up My Child/Children: _____

Any Custody Paperwork Needed At The Center (Yes/No): _____ **(Please Attach)**

Note: Teachers have the right to request proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Parent Name: _____ Parent Signature: _____ Date: _____