

## Pick-Up Authorization

Date of Pick-Up: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Time: \_\_\_\_\_

Name of Child(ren): \_\_\_\_\_

Person Picking-Up Child(ren): \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Center Use Only)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Verified By                      Form of Verification                      Pick-Up Time                      Date

***PLEASE RETURN THIS FORM TO AN ADMINISTRATOR***

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