



## CHILD PICK-UP AUTHORIZATION FORM

(To be completed by Parent/Guardian)

### CHILD/FAMILY INFORMATION

PLEASE PRINT CLEARLY

Child's Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate: / /	Age:
Home Address:	City:	State:	Zip:
Home Phone:			

### CHILD PICK-UP AUTHORIZATION

I give permission for my child to be released from the Early Blessings Daycare & Learning Center to the people listed below at any time. I understand Early Blessings Daycare & Learning Center staff requires these people to furnish Photo Identification before releasing my child.

Name:	Name:	Name:
Address:	Address:	Address:
Work Phone:	Work Phone:	Work Phone:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Relationship:	Relationship:	Relationship:

Name:	Name:	Name:
Address:	Address:	Address:
Work Phone:	Work Phone:	Work Phone:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Relationship:	Relationship:	Relationship:

### EMERGENCY INFORMATION

In case of emergency, and the Early Blessings Daycare & Learning Center staff is unable to reach the parent/guardian listed above, the following individual has permission to make decisions regarding the care of my child, including permission to pick up my child from the daycare facility in case of an emergency.

Name:	Relationship to child:		
Home Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell:	

### PARENT/GUARDIAN AGREEMENT

I understand:

- I must notify the EBDLC staff immediately of any changes on this form.
- It is my responsibility to arrange for my child to be picked up from the center before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the EBDLC staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

**MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*Please note that only the enrolling parent will be permitted to complete this form.