



## Child Pick Up Form

Child's Name \_\_\_\_\_

Please list below the names of people **who may pick up** your child in the event of an emergency or when you cannot get here in time.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Please list anyone who you **do not want to pick up** your child. If you do not want the other parent to pick up your child please make sure we have legal documents to prevent them from doing so, otherwise we cannot stop a parent from taking his/her child from our center.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Please try to keep this form current. Make sure we are told in the morning either in person or by phone that someone else will be picking up your child. If your child doesn't recognize the other person (such as Hi Grandma!) then we will need to see some identification unless they know the password. Please write down the password that will be used by the person to pick up your child.

Password: \_\_\_\_\_

Signed Parent \_\_\_\_\_ Date \_\_\_\_\_