

## Authorized Pick-up

Please complete the form with the names of persons authorized to pick-up your child as required by state regulation.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child:      Mother      Father      Neighbor      Friend  
Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child:      Mother      Father      Neighbor      Friend  
Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child:      Mother      Father      Neighbor      Friend  
Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child:      Mother      Father      Neighbor      Friend  
Other (specify) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Relationship to child:      Mother      Father      Neighbor      Friend  
Other (specify) \_\_\_\_\_

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

