

Authorized Pick-up Persons

General Information

Child's Name:	Date of Birth:
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Authorized Pick-up 1

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

Authorized Pick-up 2

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

Authorized Pick-up 3

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

Authorized Pick-up 4

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

Authorized Pick-up 5

Name:	Relationship:	Primary Phone #:
Address:		Secondary Phone #:

My signature gives authorization for the above individuals to pick up my child from care and communicate on my behalf in the event of an emergency. It is my responsibility to keep this list up to date and notify Little Sheep Learning Center of any necessary changes.

Parent Signature: _____ Date: _____