

AUTHORIZATION FOR PICK-UP

Child's Name _____

Parent Name _____

Parent Name _____

I understand that only those individuals listed on this page are authorized to pick up my child. Under no circumstances will my child be released by Little Ones to any other individuals. **Parents must be listed.**

	NAME	ADDRESS	RELATIONSHIP	WORK PHONE	HOME PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

In case of an emergency and I cannot be reached, please contact **(please list at least three)**:

	NAME	ADDRESS	RELATIONSHIP	WORK PHONE	HOME PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

I am in a carpool with the following people:

	NAME	ADDRESS	RELATIONSHIP	WORK PHONE	HOME PHONE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

Signature of Parent/Guardian _____ Date _____



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