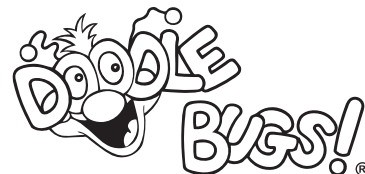


DATE \_\_\_\_\_ CENTER \_\_\_\_\_



Children's Centers

# PICK-UP AUTHORIZATION

Effective immediately, I give permission to:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

to pick up my child from the center.

Please check one:

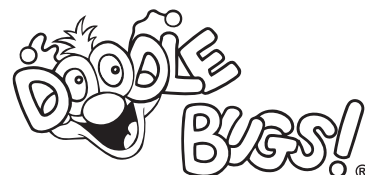
- On this date only \_\_\_\_\_
- You may add this name to my child's enrollment form.

CHILD'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_ CENTER \_\_\_\_\_



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DATE \_\_\_\_\_