



PICK-UP AUTHORIZATION

CENTER #	DATE
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Effective immediately, I give permission to:

NAME	RELATIONSHIP
------	--------------

ADDRESS

CITY	STATE	ZIP	PHONE
------	-------	-----	-------

to pick up my child from this center. Please check one:

- On this day only _____
- You may add this name to my child's enrollment form.

CHILD'S NAME

PARENT'S SIGNATURE	DATE
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Happy Children! Happy Parents! Happy Teachers!



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