

PICK-UP AUTHORIZATION

CHILDREN'S LEARNING ACADEMY	CENTER #			DAT	E
Effective immediately, I give	e permission to:			RELATIONSH	ID.
NAME	RELATI				
ADDRESS				'	
CITY		STATE	ZIP	PHONE	
to pick up my child from thi	s center. Please checl	k one:			
1 1 0	\Box On this d				
	☐ You may	add this na	ame to my child	l's enrollment fo	orm.
CHILD'S NAME					-
PARENT'S SIGNATURE					DATE
Нарі	oy Children! Ha	appy Pa r	r ents! Hap	py Teacher :	s!
BUGS!	PIC	:K-U	P AUT	HORIZ	ATION
CHILDREN'S LEARNING ACADEMY	CENTER #			DAT	E
Effective immediately, I give	permission to:				
NAME				RELATIONSH	Р
ADDRESS					
CITY		STATE	ZIP	PHONE	
to pick up my child from thi	s center. Please checl	k one:		•	
	\square On this d				
		ay only			
	☐ You may		ame to my child	l's enrollment fo	orm.
CHILD'S NAME	□ You may		ame to my child	l's enrollment fo	orm.