



**Early Childhood Authorized Child Pick Up Information**

**Child's Name:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Parent:** \_\_\_\_\_

The following people are given permission to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

- ***Please have authorized individuals have their ID available. Classroom teachers will need to see identification for those individuals they have not previously met.***
- ***No one other than the above list of people will be able to take your child home, unless written consent is given by the parent.***

Parent's Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Please notify us of any changes to the above information.**