
Pick-up Authorization Form

I. Personal Information (please print)

Child's Name: _____ Date of Birth: _____

Parent / Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

II. Authorized Pick-Up Person(s)

Please list any individual who is authorized to pick up your child. Each authorized individual must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up your child in person and may be requested to show photo identification to our program staff. Children will not be released to person(s) who fail to provide acceptable photo identification.

I authorize the following person(s) to pick up my child from Pamināwasowin Child Care Centre:

<u>Authorized Person(s)</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
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1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature _____ Date: _____