



DYVOSVIT

SCHOOL AND CHILDCARE

CHILD PICK-UP PERMISSION

CHILD'S INFORMATION

Child's Name _____

Birth Date _____

I hereby give permission for my child to leave the center with the following persons:

Name	Relationship	Work Phone	Cell Phone	Home Phone

Unauthorized Persons

If there is a separation or divorce custody problem that we should be aware of, please explain:

Names of person(s) who should not pick up my child:

Name	Relationship to Child

I understand that it is my responsibility to update this form in the event I no longer wish to authorize one of the above listed individuals to pick up my child.

Parent or Guardian's Name _____

Signature _____

Date _____