



DYVOSVIT

SCHOOL AND CHILDCARE

CHILD PICK-UP PERMISSION

CHILD'S INFORMATION:

Child's Name: _____ Date of Birth: _____

I hereby give my permission to pick up my child at the Dyvosvit School and Childcare Center to the following person(s):

Name	Relationship to Child	Cell Phone	Email Address*

* Email address is required if the keyless entry to the center is needed.

I do not give my permission to pick up my child at the Dyvosvit School and Childcare Center to the following person(s)**:

Name	Relationship to Child

** If there is a separation or divorce custody problem that the center should be aware of, please explain below:

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

Parent or Guardian's Name: _____ Relationship to Child: _____

Signature: _____ Date: _____