CHILD PICK UP AUTHORIZATION

I,_____ authorize A Kid's Place Drop In Child Care to release my child(ren) to the person(s) designated. This is in consonance with A Kid's Place Drop In Child Care's Emergency Plan that I have received, and reviewed.

CHILDREN	DESIGNATED CUSTODIAN(S) NAME	RELATIONSHIP

Signature_____Date_____

Name_____Relationship_____

Address_____

City_____State_____Zip_____

Home Phone_____

Work_____Cell_____

Parents and guardians need to designate **themselves** as custodians. Friends, neighbors, relatives in close proximity, may also be designated.