



CHILD PICK-UP AUTHORIZATION

I, _____, authorize Kaye Kare Child Care Center to release my child(ren) to the person(s) designated. This is in agreement with the Kaye Kare Emergency Operations Plan.

Child Name	Designated Custodian Name/Relationship
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

Contact information of authorized pick-up:

Name/relationship: _____ / _____

Address: _____

Home Phone: _____ Work/Cell _____

Name/relationship: _____ / _____

Address: _____

Home Phone: _____ Work/Cell _____

Parent/Guardian Signature _____ Date _____

Note: Parents and guardians should designate themselves as designated custodians. Friends, neighbors, and other relatives may also be designated.

PLEASE PRINT CLEARLY