



Child's name: _____

Pick-Up Information

Children enrolled in this program will be released to the child's parents/guardians and those persons listed on this form. Please list, in the appropriate sections below, persons authorized to pick up your child on a regular and on a contingency basis.

Persons authorized to pick up your child on a regular basis: Persons listed will be required to show a photo identification card in order for child to be released.

1. Name _____ Phone Number: ____ / ____
Address _____ City _____ Relationship _____

2. Name _____ Phone Number: ____ / ____
Address _____ City _____ Relationship _____

3. Name _____ Phone Number: ____ / ____
Address _____ City _____ Relationship _____

Contingency list of persons authorized to pick up child occasionally: Parents/Guardians will need to complete a one – time Parent Release Form in order for child to be picked up by the following people. People listed below will be required to show a state photo identification card in order for child to be released.

1. Name _____ Phone Number: ____ / ____
Address _____ City _____ Relationship _____

2. Name _____ Phone Number: ____ / ____
Address _____ City _____ Relationship _____

Parent/guardian signature

date

If signing this form electronically, please check the box below:

I acknowledge that my electronic signature indicates the information provided on this form is accurate and complete. I authorize the Park District to utilize this information as required for enrollment in Early Learning Center.