



Women's Community Y Child Development Center AUTHORIZATION TO PICK UP CHILD

Child's Name _____

Please list the **names, address** and **phone numbers** of those other than the parents who are regularly picking up your child.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

If there is any change in those authorized to pick up your child, an updated form must be filled out. In case of an emergency when a request is phoned in, the form must be picked up, filled out and returned within 24 hours.

Notarization Required

Signature of Parent/Guardian _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary _____

My appointment expires: _____