

**Authorization for Student Pickup**

1. Childs Last Name First Name

1. Childs Last Name First Name

Parent/ Legal Guardians Name

**Password for Unauthorized Pickup:**

This password should be kept confidential. Only **the parent and the center administration** will know it. The password is used as a means of positively identifying a parent if they call the center to approve an unauthorized pickup. The pickup person should not know the password, they are required to present their photo ID (driver’s license).

**Authorized for Pickup:** Relationship to child: ­­­­­­\_\_\_\_\_ Last Four S.S. #:

other than parents

Last Name First Name

Address City State Zip

Home Phone Cell Phone Cell Phone Provider

**Authorized for Pickup:** Relationship to child: ­­­­­­\_\_\_\_\_ Last Four S.S. #:

other than parents

Last Name First Name

Address City State Zip

Home Phone Cell Phone Cell Phone Provider

Parent Signature Date

Center Representative Signature Date