

**Child Pick Up Form**

Child's Name \_\_\_\_\_

**Please list below the names of people who may pick up your child in the event of an emergency or when you cannot get here in time.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list anyone who you do not want to pick up your child. If you do not want the other parent to pick up your child please make sure I have legal documents to prevent them from doing so, otherwise I can not stop a parent from taking his/her child from my home.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Make sure I am told in the morning in person or by phone that someone else will be picking up your child. I will need to see some identification.**

Signed Parent \_\_\_\_\_ Date \_\_\_\_\_

