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| Name of Child: | | Date of Birth: |
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PLEASE GIVE THE FULL NAME AND TELEPHONE NUMBER OF INDIVIDUALS WHO YOU GIVE PERMISSION TO SIGN OUT YOUR CHILDREN FROM OUR FACILITY.

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|-----------|------------|--------------|------------------|
| Last Name | First Name | Relationship | Telephone Number |
| | | MOM | |
| Last Name | First Name | Relationship | Telephone Number |
| | | DAD | |
| Last Name | First Name | Relationship | Telephone Number |
| | | | |
| Last Name | First Name | Relationship | Telephone Number |
| | | | |
| Last Name | First Name | Relationship | Telephone Number |
| | | | |
| Last Name | First Name | Relationship | Telephone Number |
| | | | |
| Last Name | First Name | Relationship | Telephone Number |
| | | | |

Whoever is listed on this form has permission to visit and/or pick up your child at any time without prior approval from parent and/or guardian

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|------------------|------|
| Parent Signature | Date |
|------------------|------|

PARENT 1 EMAIL:

PARENT 2 EMAIL: