



CHILD'S NAME: _____

LITTLE LAMBS ACADEMY

CHILD PICK-UP AUTHORIZATION FORM

The people listed below are authorized to pick up my child(ren). Please include the names of grandparents, carpool arrangements, child care providers. You will/may be asked for identification at pick-up so be prepared. This is to ensure the safety of everyone. No exceptions.

PARENTS: _____

Phone number: _____

Name

Phone Number

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

Anyone coming to pick up your child(ren) who is not on the list will not be allowed to leave with your child(ren) unless the teacher or Director has received prior written or email notification from the parent.

Please sign below to acknowledge acceptance of this policy.

Parent's signature _____ Date _____