



st. lawrence o'toole
**EARLY CHILDHOOD
LEARNING CENTER**

AUTHORIZED CHILD PICK-UP FORM

Date _____

Child's Name: _____

Address: _____

Phone #: _____ Cell Phone # _____

Persons **AUTHORIZED** to Pick Up My Child (other than Mom or Dad)

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

Persons **NOT AUTHORIZED** To Pick Up My Child

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

PARENT SIGNATURE: _____