



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 can not get here in time.

Name: _____

Name: _____

Name: _____

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: _____

Name: _____

Please try to keep this form current. Make sure I am told in the morning either in person or by phone that someone else will be picking up your child. If your child doesn't recognize the other person (such as Hi Grandma!) then I will need to see some identification unless they know the password. Please write down the password that will be used by the person to pick up your child.

Pass word: _____

Signed Parent _____ Date _____