



★ AUTHORIZED PICK-UP FORM ★

For the safety of your child, we will only release children to parents/guardians or to individuals who are authorized in writing.



CHILD INFORMATION

Child's Full Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

Center Location: _____ Room/Teacher: _____

AUTHORIZED PICK-UP PERSONS

The following individuals are authorized to pick up my child from A Bright Start Child Development Center LLC. Photo ID is required for all authorized pick-ups.

FULL NAME (First & Last)	RELATIONSHIP TO CHILD	PHONE NUMBER	AUTHORIZED (YES / NO)
1.			
2.			
3.			
4.			
5.			

Add additional names on the back if needed.

PARENT / GUARDIAN CONSENT

I authorize the individuals listed above to pick up my child from A Bright Start Child Development Center LLC. I understand that the center will not release my child to anyone not listed on this form without my written permission. I will notify the center in writing of any changes to this list.

Parent/Guardian Signature: _____ Date: _____

IMPORTANT REMINDERS

- ★ All authorized pick-ups must show a valid photo ID.
- ★ For the safety of your child, we will not release your child to anyone not listed on this form.
- ★ Notify the center immediately of any changes to your authorized pick-up list.
- ★ Children will only be released to authorized individuals who are 18 years or older.



OFFICE USE ONLY

Date Received: _____

Received By: _____

ID Verified For All Pick-Ups: Yes No

Notes: _____



Thank you for partnering with us to keep your child safe!

