



Child Pick-Up Authorization Form

THIS FORM CAN BE COPIED — ONE PARTICIPANT PER FORM.
PLEASE PRINT AND FILL OUT COMPLETELY.

Pelican Community Park
18115 North Bay Road
Sunny Isles Beach, FL 33160

305.792.1706 (phone)
305.792.1566 (fax)

PLEASE PRINT:

I _____ as parent/guardian of _____, hereby authorize the following persons to pick up my child from the above referenced Center at any given date. I hereby agree to inform the following persons that proper identification will be required in order to pick-up my child/ward.

PLEASE PRINT:

<u>Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Persons permitted to pick-up child include:

Mother Yes No Mother's Name _____ Phone # _____

Father Yes No Father's Name _____ Phone # _____

Guardian Yes No Name _____ Phone # _____
(if not mother or father)

Persons NOT permitted to pick-up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree that if the above authorization for pickup of my child/ward changes, I shall immediately contact the Center and submit a revised authorization form.

Signature of Parent/Guardian

Name of Parent/Guardian (Please print)

Date

Parent's Phone Number: () _____