

Artisticrats

Childcare and Preschool

Pick up Authorization

The following individuals have my permission to pick up my child from Artisticrats
Childcare Center and Preschool:

Name _____ Relationship _____
Address _____
Telephone _____

Name _____ Relationship _____
Address _____
Telephone _____

Name _____ Relationship _____
Address _____
Telephone _____

Name _____ Relationship _____
Address _____
Telephone _____

Special remarks or concerns:

Under no circumstances will my child be released to anyone other than the
individuals named above without prior written authorization.

Parent or Guardian Name _____ Signature _____ Date _____

Parent or Guardian Name _____ Signature _____ Date _____