

Child Pick-Up Form

A. The following people HAVE permission to pick-up the child named below from the daycare home of Half Pints Daycare and Preschool. It is the parent's responsibility to notify me in writing of any changes.

Child's Name	DOB	Age	
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1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

3. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

B. The following people MAY NOT pick-up my child(ren) from Half Pints Daycare and Preschool.

1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of contract, and you will forfeit your childcare retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider name/daycare name	Date