

CHILD CARE PICKUP AUTHORIZATION

The following individuals have my permission to pickup my child(ren) from the YMCA day care.

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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Relationship: \_\_\_\_\_

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Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

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

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_