

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 _____

Name: _____ DOB _____

Relationship: _____

Home phone: _____ Work phone: _____ Cell phone _____

Name: _____ DOB _____

Relationship: _____

Home phone: _____ Work phone: _____ Cell phone _____

Name: _____ DOB _____

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 _____