

**Child Pick-up Authorization Form**  
2021-2022

Child's Name:

\_\_\_\_\_

Main pick-up person:  
Name (print):

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship:

\_\_\_\_\_

Additional persons who may pick up child/children on a less frequent basis:  
Name (print):

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Name (print):

\_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Any person(s) **NOT AUTHORIZED** to pick up my child/children:  
Name (print)

\_\_\_\_\_

\_\_\_\_\_

NOTE: Any person unfamiliar to Genesis Early Learning Academy 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.

Mother's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Father's signature: \_\_\_\_\_

Date: \_\_\_\_\_

