Child Pick-up Authorization Form
2019-2020

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:_____ and/or
Father's signature: _____
Date: _____