Pick Up Authorization

I authorize the following individuals to drop off or pick up my child from the Fisher Early Learning Center. I understand that I must also make the classroom teachers aware that someone other than myself will be dropping off or picking up my child.

_______________________________________  ______________________________________
Child’s Name                                    Classroom

1) ____________________________________________
   Name                                        Relationship          Phone

2) ____________________________________________
   Name                                        Relationship          Phone

3) ____________________________________________
   Name                                        Relationship          Phone

4) ____________________________________________
   Name                                        Relationship          Phone

5) ____________________________________________
   Name                                        Relationship          Phone

________________________________________    ______________________________________
Parent / Guardian Name – Printed                Parent / Guardian - Signature

________________________________________
Date