

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 Address Phone

2) _____
Name Address Phone

3) _____
Name Address Phone

4) _____
Name Address Phone

5) _____
Name Address Phone

Parent / Guardian Name – Printed

Parent / Guardian Name - Signature

Date

