



# VALLEY VIEW Learning Center

## AUTHORIZATION FOR PICK-UP

Please provide the names of anyone who will be responsible for picking up your child other than the parents/guardians. NOTE: by placing someone's name on this list you are authorizing this person to pick up your child/ children at any time in your absence. All authorized persons must be 18 years of age or older and show proper identification before your child is released. Under no circumstances will any child be released to anyone without written authorization from a parent or guardian. The following is a list of people authorized to pick up:

Child's Full Name \_\_\_\_\_

Name of person: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of person: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of person: \_\_\_\_\_ Address: \_\_\_\_\_ Relationship to  
child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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