



**AUTHORIZED PICK UP FORM**

This form must be completed to add or remove individuals as authorized pick up for your children.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site Attending: \_\_\_\_\_

**Add as Authorized Pick Up**

I would like to add the individuals listed below as individuals authorized for pick up.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Select One: Permanent Change \_\_\_\_\_ Today Only \_\_\_\_\_ Date: \_\_\_\_\_

**Remove as Authorized Pick Up**

I would like to remove the individuals listed below as individuals authorized for pick up.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Parent or Guardian Information**

Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have agreed to submit this registration form by electronic means. By entering my name and the date on this form, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge.

**OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_