

Picolata Extended Day
Authorized Pick Up

Name of child(ren): _____

I hereby inform Freedom Crossing Extended Day that the people listed below are authorized to pick up the above named child(ren) from Freedom Crossing Extended Day.

AUTHORIZED PICK-UP PERSON(S):

Name:	Relationship to Child:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Authorized by:

Parent/Guardian Signature

Date