



Little Learners
Early Childhood Center
Making Memories, Marking Milestones

Child Pick Up Form

The following people **HAVE** permission to pick up my child, _____, from Little Learners. (child's name)

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

The following people **DO NOT** have permission to pick up my child, _____.

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Anyone unfamiliar to the teacher(s) at Little Learners will be required to show a photo ID. Under no circumstance will the child be released to anyone other than those listed with permission on this form without written permission from a parent/guardian.

Parent's/Guardian's Signature:	Date
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