



Alternate Pick Up At Any Time Permission

Please print clearly

Date:

I, _____ give permission to _____
(Parents Name) (Person Allowed to pick-up)

to pick up my child(ren) _____, at any time from
Paradigm Care & Enrichment Center without a note or a verbal communication
from myself on any given day. I understand that the above named person may
be asked for photo identification each time upon entering the building and
have advise him/her to carry it when entering.

Check box if you would like to purchase a KeyCard for this person. The cost is \$5.00.

Signature

Date

Signature of Alternate Pick-up

Date

This form must be on file for us to release your child(ren) without a note or verbal permission from you each time. Please understand that this is in the best interest and safety of your child(ren). Unfortunately most child abductions happen with a family member and for this reason we are sure that you appreciate our extra security measures when it comes to your child(ren). Without this form we will try calling you, but will not release your child(ren) unless we have reached you by phone.

Office Use Only

- Binder
- Ez-Care2