



1401 Malcolm Dr.      45050 Warren Rd.  
 Waterford, MI 48327      Canton, MI 48187  
 248-363-9800      743-354-9600

## Alternate Pick Up at Any Time Permission

I, \_\_\_\_\_ and \_\_\_\_\_ give permission to  
Parent's Name      Parent's Name  
 \_\_\_\_\_ to pick up my child(ren), \_\_\_\_\_  
Name of Person Allowed to pick-up      Name of 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. There will be an additional cost.

Please provide phone numbers for the person you listed above:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature (Must include ALL/BOTH)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (Must include ALL/BOTH)

\_\_\_\_\_  
 Date

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

<u>Office Use Only</u>
<input type="checkbox"/> EZ CARE
<input type="checkbox"/> Binder