



Alternate Pick-Up Permission

CHILD(REN)'S NAME: _____ DATE: _____

AUTHORIZED PICK- UP CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____ PHONE NUMBER: (____) _____ - _____

PERMISSION TO RELEASE AT ANY TIME

I, _____ give permission to _____
PARENT/ GUARDIAN'S FULL NAME *NAME OF PERSON AUTHORIZED TO PICK- UP*
to pick up _____ at any time from Paradigm Care & Enrichment Center
CHILD(REN)'S FULL NAME
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 will advise him/her to carry it when entering.

DO YOU WANT TO PURCHASE A KEYCARD FOR THE ABOVE AUTHORIZED PICK-UP PERSON? Yes No

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN PRINT NAME

PARENT/GUARDIAN SIGNATURE

DATE

OFFICE USE ONLY

PROCARE

Binder



Alternate Pick-Up Permission

Please print clearly

Date: _____/_____/_____

I, _____ give permission to the following person(s) 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 below named person(s) may be asked for photo identification each time upon entering the building and have advised him/her to carry it when entering. I understand that the below named person(s) will be added to my list of people to be contacted in the event of an emergency when I have not be able to be reached.

=====

_____ Relationship to child: _____
(First & Last Name of Person Allowed to pick-up)

Check box if you would like to purchase a KeyCard for this person. The cost is \$15.00.
Please provide phone numbers for the person you listed above:

Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____

=====

_____ Relationship to child: _____
(First & Last Name of Person Allowed to pick-up)

Check box if you would like to purchase a KeyCard for this person. The cost is \$15.00.
Please provide phone numbers for the person you listed above:

Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____

=====

_____ Relationship to child: _____
(First & Last Name of Person Allowed to pick-up)

Check box if you would like to purchase a KeyCard for this person. The cost is \$15.00.
Please provide phone numbers for the person you listed above:

Cell: () _____ - _____ Home: () _____ - _____ Work: () _____ - _____

=====

Parent/Guardian Signature

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 when it comes to your child. Without this form we will try calling you but will not release your child unless we have reached you by phone.

Office Use Only

Binder

ProCare