Name of Child:		Date of Birth:
PLEASE GIVE THE FULL NAME AND TELEPHONE NUMBER OF INVIDIVUALS WHO YOU GIVE PERMISSION TO SIGN OUT YOUR CHILDREN FROM OUR FACILITY:		
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
Last Name	First Name	Telephone Number
	orm has permission to pick up your child at a	any
Parent Signature		Date