

ATTACHMENT 6 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize Active Learning Centers, to release my child(ren) to the person(s) designated. This is in consonance with the Active Learning Centers' Emergency Plan.

**Child's
Name**

**Designated Custodian (s)
Name & Relationship**

Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

*NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.
PLEASE PRINT CLEARLY.*