

Authorized Pickup Contact Form

Child's Name _____ **Age Group** _____ **Class** _____
(office will fill in)

Authorized Pickup

Name _____
Relationship _____
Phone # _____

Authorized Pickup

Name _____
Relationship _____
Phone # _____

(attach copy of driver's license here)

(attach copy of driver's license here)

Authorized Pickup

Name _____
Relationship _____
Phone # _____

Authorized Pickup

Name _____
Relationship _____
Phone # _____

(attach copy of driver's license here)

(attach copy of driver's license here)

***** IF THERE IS SOMEONE WHO IS NOT AUTHORIZED TO PICK UP YOUR CHILD OR OF WHOM YOU WANT US TO BE AWARE, PLEASE WRITE THE NAME, RELATIONSHIP AND A DESCRIPTION OF THAT PERSON BELOW.**

Name _____ **Relationship** _____

Physical description

(Please attach photo on back if possible.)

PLEASE BE CERTAIN TO UPDATE THIS FORM IN THE CDP OFFICE THROUGHOUT THE YEAR AS NAMES, ADDRESSES, PHONES AND THOSE AUTHORIZED TO PICK UP CHANGE.