



CHILD PICK UP AUTHORIZATION

CHILD'S NAME	
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Please list below the names of people who may pick up your child in the event of an emergency or when you cannot get here in time:

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

NAME			
ADDRESS		CITY/STATE/ZIP	
PHONE #:		RELATIONSHIP TO CHILD	

(OPTIONAL) Please list anyone who you *do not* want to pick up your child. If you do not want the other parent to pick up your child please make sure Little Lambs has legal documents to prevent them from doing so, otherwise we cannot stop a parent from taking his/her child from my home.

NAME	
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NAME	
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Please try to keep this form current. Make sure Little Lambs is told in the morning either in person or by phone/email that someone else will be picking up your child. If your child doesn't recognize the other person (such as Hi Grandma!) then Little Lambs will need to see some identification unless they know the password noted below. Please write down the password that will be used by the person to pick up your child.

PASSWORD

PARENT/GUARDIAN SIGNATURE

DATE