

KINGS BAY Y AT NORTH WILLIAMSBURG

**PICK-UP AUTHORIZATION FORM**

Dear Parents/Guardians:

We are asking you to complete this form, stating the names of the individuals who are allowed to pick up your child from the preschool/afterschool program. Please be as thorough as possible with this list, as we will not allow your child to leave with anyone whose name isn't below. Also, please be advised that the person picking up your child must have a valid form of photo ID. There will be NO exceptions.

Thank you!

- |                 |                     |                     |
|-----------------|---------------------|---------------------|
| 1. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 2. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 3. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 4. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 5. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 6. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 7. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 8. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 9. Name: _____  | Phone Number: _____ | Relationship: _____ |
| 10. Name: _____ | Phone Number: _____ | Relationship: _____ |

I have read the above authorizations and agree to abide by them.

Signed: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Name of Child: \_\_\_\_\_