



PICK-UP AUTHORIZATION

CHILD'S NAME: _____

**Attach
Photo
Here**

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: _____

Age: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Relationship: _____

ID Password (if any): _____

I hereby request Happy Tots Child Care Center, Inc. to release my child(ren) into the custody of the above named and pictured individual. I agree and understand that such authorization will be considered to be in force until I notify Happy Tots Child Care Center, Inc., in writing, that such authorization is revoked.

Mother's Signature/Date

Father's Signature/Date

Legal Guardian's Signature/Date

NOTE: If divorced or separated, signatures for both mother and father are required.