

ALTERNATE PICK UP FORM

This form is to be filled out if you or your previously authorized individuals will not be picking up your child/ren. Hand this form back to your site coordinator.

PARENT NAME: _____

DAY(S) REQUESTING ALTERNATE PICK UP: _____

NAME OF ALTERNATE PICK UP: _____

RELATIONSHIP TO CHILD: _____

REMIND YOUR ALTERNATE PICK UP TO BRING A PHOTO ID TO SHOW TO THE STAFF BEFORE LEAVING WITH YOUR CHILD/REN.

PARENT SIGNATURE: _____

DATE: _____