



Ashley's Lil' Angels Childcare



CHILD PICK UP AUTHORIZATION

Name: _____
Address: _____
Relationship to Child: _____
Phone #: _____

Name: _____
Address: _____
Relationship to Child: _____
Phone #: _____

Name: _____
Address: _____
Relationship to Child: _____
Phone #: _____

**Any persons unfamiliar to me will be required to show proof of identification.
Under NO circumstances will the child be released to anyone other than those
listed above without WRITTEN permission from the parent.**

(Mother/Guardian) Date

(Father/Guardian) Date

