



## Pick-up Parental Consent Form

Child's First Name \_\_\_\_\_

Person (s) to whom child may be released (please select one) \_\_\_ Add \_\_\_ Delete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ 4-digit pin #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Person (s) to whom child may be released (please select one) \_\_\_ Add \_\_\_ Delete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ 4-digit pin #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Person (s) to whom child may be released (please select one) \_\_\_ Add \_\_\_ Delete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ 4-digit pin #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Person (s) to whom child may be released (please select one) \_\_\_ Add \_\_\_ Delete

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ 4-digit pin #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note: You may include **all** the people that can pick up your child. If you need an extra form, feel free to request one at the front office. **ALL YOUR CONTACTS HAVE TO BE AUTHORIZED OR DELETED IN WRITING!** Grace Kids Academy will not release your child to someone that is not included by you on this form.