



Father's Mailing  
Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

Father's E-mail Address \_\_\_\_\_

Father is authorized to pick-up: Yes \_\_\_\_\_ No \_\_\_\_\_

List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.  
(The child will not be released to any individual not listed below.)

Name	Relationship to Child	Phone Number
_____	_____	_____

Signature \_\_\_\_\_