DATE CENTER #	
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PICK-UP AUTHORIZATION



Children's Centers

NAME					RELATIONSHIP
ADDRESS					
CITY		STATE	ZIP	PHOI	NE NUMBER
	y child from this center	r.			
Please chec					
☐ On this o	add this name to my o	child's enrollr	nent form		
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CHILD'S NAME					
PARENT'S SIGNA	TURE			DATE	
DATE	CENTER #				STATE OF THE STATE
PICK	CENTER #	THO	RIZAT	ION	Children's Center
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Effective important import	mediately, I give permis	ssion to:	ZIP		RELATIONSHIP
Effective important import	mediately, I give permisely child from this center	ssion to:	ZIP		RELATIONSHIP