

DATE	CENTER #
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Children's Centers

PICK-UP AUTHORIZATION

Effective immediately, I give permission to:

NAME		RELATIONSHIP	
ADDRESS			
CITY	STATE	ZIP	PHONE NUMBER

to pick up my child from this center.

Please check one:

- On this day only _____
- You may add this name to my child's enrollment form.

CHILD'S NAME	
PARENT'S SIGNATURE	DATE

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