



Valentine's Design

www.valentinesdesign.com · valentinesultd@optonline.net

860.491.9873 / 860.795.7711

Child Pick-up Authorization for (Child's Name): _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Home Phone: _____

Cell Phone #1: _____ Name: _____

Cell Phone #2: _____ Name: _____

Additional persons who may pick-up my child/children on a less frequent basis:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

NOTE: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child/children be released to anyone other than those listed above without WRITTEN permission from the parent/guardian.

Parent/Guardian signature: _____