



### AUTHORIZATION FOR PICK-UP

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Street Apt # City Zip

Parent/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Last First M.I. Cell/Pgr \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street Apt # City Zip

Place of Employment & City \_\_\_\_\_ Work phone \_\_\_\_\_

Other Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Last First M.I. Cell/Pgr \_\_\_\_\_

Address (if different) \_\_\_\_\_  
Street Apt # City Zip

Place of Employment & City \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pgr \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pgr \_\_\_\_\_

Out-of-State Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pgr \_\_\_\_\_

By law, children must be released to either parent even if one parent is not included on this form. Other court custody arrangements require a copy of the legal documents attached to this form. Besides guardians listed above, we will release your child/children only to the following individuals who have my unrestricted permission to pick-up and sign-out the above child from the SOPA KIDS'CENTER program without any further confirmation from me.

<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Relationship</u>

As required by the State of California, guardians are to sign their child/children in and out with a complete signature. Failure to comply with this may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on this authorization for Pick-up/Emergency contact list. If you need to have your child/children picked up by someone not included in this list, we require both a telephone call from you and a written authorization. Appropriate photo identification will be required.

I/We have read and understood all the information included in this Authorization to Pick-up and Emergency Contact list

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_  
Print name \_\_\_\_\_