

ALTERNATE PICK UP NOTIFICATION

Today's Date: _____

Name of Child: _____

Date of Alternate Pick-up: _____

Person picking up child:

Name: _____

Address: _____

Telephone No.: _____

Driver's License No.: _____

Relationship: _____

Brief Description: _____

I hereby consent to my child (named above) being released by Kiddie Academy to the person identified above. I understand that Kiddie Academy and its employees are not responsible for my child once the person identified above has exited the building with my child.

Parent's Signature: _____

Date

This form must be completed in full and signed by the parent before our academy can release your child to someone who is not the parent. A verbal request is not sufficient.

The academy director or a Kiddie Academy representative must make and attach to this form a photocopy of the driver's license of the person identified above.