



Gianelli's
EARLY LEARNING CENTER

An educational ministry of the Daughters of Our Lady of the Garden since 1972

CHILD PICK-UP AUTHORIZATION FORM

I _____, as parent/guardian of _____,
hereby authorize the following persons to pick up my child from the above referenced Center at
any given date.

Name	Home Phone #	Cell Phone #	Relationship
1. _____	(____) ____ - ____	(____) ____ - ____	_____
2. _____	(____) ____ - ____	(____) ____ - ____	_____
3. _____	(____) ____ - ____	(____) ____ - ____	_____

Persons permitted to pick-up child include:

Mother Yes No

Mother's Name _____ Phone # (____) ____ - ____

Father Yes No

Father's Name _____ Phone # (____) ____ - ____

Guardian Yes No

Name _____ Phone # (____) ____ - ____

Persons NOT permitted to pick-up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree that if the above authorization for pickup of my child/ward changes, I shall
immediately contact Gianelli's Early Learning Center and submit a revised authorization form.

Signature of Parent/Guardian

____/____/____
Date