

Child's Name: \_\_\_\_\_

Abilities First Early Childhood Learning Center

4710 Timber Trail Drive

Middletown, Ohio 45044

(513)-423-9496

**Pick-Up Authorization**

I hereby authorize the following people to pick-up my child(ren) from the Early Childhood Learning Center (**Please include parents**).

**Name** (first and last)

**Relationship**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

I do not authorize the following people to pick-up my child(ren) from the Early Childhood Learning Center.

**Name** (first and last)

**Relationship**

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

\_\_\_\_\_  
(Custodial Parent/Guardian Signature)

\_\_\_\_\_  
(Date)