

LITTLE MIRACLES  
CHILD DEVELOPMENT CENTER®

**Authorized Pick Up**



Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I give the staff of Little Miracles Child Development Center permission to release my child (ren);

_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth
_____	____/____/____
Child's Name	Date of Birth

to the person or persons listed below. It is my responsibility as the parent or guardian to update this form as needed. In any event that my child is released to someone that I have listed below and an incident occurs, it is at no fault to Little Miracles Child Development Center, LLC.

\*\*\*\* Please do not list parents or legal guardians on this form. They may be listed on the Child Enrollment Form \*\*\*\*

Name	City, State	Telephone Number(s)	Relation to Child
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

Photo I.D. required, NO EXCEPTIONS. Authorized person must sign child out of center on proper form and parent or guardian must be contacted unless prior arrangements were made and staff was informed in advance.

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_