



Little Rascals Clubhouse, LLC

PICK UP AUTHORIZATION FORM

Child's Name _____ Date _____

Please list below the names of people who may pick up your child in the event of an emergency or when you are not able to arrive on time to pick up.

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Please list anyone who you do not allow to pick up your child. If you do not want the other parent to pick up your child, please make sure legal documentation preventing them from doing so is in the child's file. Otherwise Little Rascals Clubhouse, LLC cannot stop a parent from taking his/her child.

Name _____

Name _____

Please keep this form current. Please inform your child's teacher or staff member that someone else will be picking up your child. If your child doesn't recognize the person, your child will not be released into their possession without that person providing some type of identification.

Parent's signature

Date