

Pamm's House Child Pick-Up Form

Child's Name	DOB
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The following people HAVE permission to pick-up the child named below from the daycare home. It is the parent's responsibility to notify me in writing of any changes.

Name: _____ Relationship: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Phone Numbers: _____

Name: _____ Relationship: _____

Phone Numbers: _____

The following MAY NOT pick-up my child from Pamm's House.

Name: _____ Relationship: _____

Description: _____

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date