

Capitol Kids Development Center

Authorized Child Pickup Form

Please fill out the following information for anyone authorized to pick up your child.

Child's Full Name: _____

Date Completed: _____

Pickup Person #1

- Full Name: _____
- Address: _____

- Phone Number: _____
- Relationship to Child: _____

Parent Signature: _____

Date: _____

Pickup Person #2

- Full Name: _____
- Address: _____

- Phone Number: _____
- Relationship to Child: _____

Parent Signature: _____

Date _____

Pickup Person #3

- Full Name: _____
- Address: _____

- Phone Number: _____
- Relationship to Child: _____

Parent Signature: _____

Date: _____

