

Planting Seeds of Hope Children's Center

Pick Up Authorization

	(Name of Student)	(Classroom)	
	Persons Authorized to Pick Up Student		
<u>Name</u>	<u>Address</u>	Phone Number	
KNOWN TO PARENTS (OR LEGAL GUARDIAN. ALL PERSO	BE RELEASED TO ANYONE NOT E, WRITTEN AUTHORIZATION FROM ONS PICKING UP CHILDREN MUST R THE SAFETY OF THE CHILDREN.	
Signature	of Parent/Guardian	 Date	