

BETHEL DAYCARE AUTHORIZATION TO PICK UP

The following individuals have permission to pick up _____ from Bethel Daycare.
Child's name

NAME	RELATION TO CHILD	PHONE NUMBER(S)
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I authorize those listed above to pick my child up from Bethel Daycare. I understand that in an emergency, I may advise the daycare staff in person or on the telephone if someone other than those listed will pick up my child. I understand that if an unauthorized person comes to visit or pick up my child Bethel Daycare staff will request that he/she leave the property but will not attempt to physically restrain him or her. Rather they will release the child then call 911 and the parents immediately. I understand that Bethel Daycare will NOT risk children and staff safety by physical confrontation.

Parent/Guardian Signature

Print Name

Date