

**Bright Beginnings Learning Center**  
*Strawbridge United Methodist Church*  
**2018 - 2019**  
**Pick-Up Authorization List**

Child's name \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Mother's DL # \_\_\_\_\_ Father's DL # \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Please list below the persons who will be authorized to pick up your child. I authorize my child to leave Bright Beginnings Learning Center with the following persons:

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You may come in and add names throughout the year, if necessary. Please notify us, in writing, in advance if anyone other than parents will be picking up your child. (In the event of an emergency, the parent that signed the child in may call the BBLC office and tell us who will be picking up their child.) **Their name must be on this authorization list.** Please be sure to inform anyone (other than parents) that will be picking up your child that they need to check in at the Director's office and show proper identification before your child will be released to them. If they are not on this authorization list and do not show proper identification, your child **will not** be released to them. We are committed to ensuring the safety of our children.

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date