

3001 Muscatine Ave
Iowa City, IA 52240
319-530-3969



Pick-Up Authorization Form

Child(ren)'s Name: _____ Birthdate(s): _____

I hereby give permission for my child(ren) to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes to this authorization.

Name	Phone Number	Address	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a court order prohibiting contact with my child from any person? Yes No

If yes, please provide a copy of the court order

Name of prohibited person _____ Relationship _____

Are there any child custody orders of which we need to be aware? Yes No If yes, please advise:

Name(s) of person(s) who may not pick up my child:

Parent/Guardian Signature

Date