**The Creative Play Learning Center**

**647 Dodge Road \* Getzville, NY \* 14068**

**AUTHORIZATION FOR RELEASE**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | **Address:** | **Relationship:** | **Phone:** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

I understand that these are the only individuals authorized to pick-up my child.

It is my responsibility to update this list whenever it becomes necessary.

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Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature Date

**I hereby give my permission for The Creative Play Learning Center to release my child to the following people:**

For the safety of your child, **Creative Play Learning Center** will only release your child to the individuals designated by the child’s parent/guardian(s). We require notification of an alternate pick-up person, in addition to the information listed below. We also require photo identification before your child will be released. If an “Order of Protection” exists, the Director must be provided with an original copy of the Order.