

ONE TIME AUTHORIZATION FOR PICK -UP  
CENTER FOR YOUNG CHILDREN

CHILD'S NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ ROOM: \_\_\_\_\_

I authorize the following person(s) to pick up my child from the Center for Young Children, only on the dates indicated. I understand that it is my responsibility to inform the CYC of any changes related to this authorization, and that the Center has the authority to require proof of identification.

Authorized Person(s)	Relationship	Date(s) of Pickup	Approx. Time	Best Phone Number

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date Completed