



UCNS Alternate Pick-Up Permission Form School Year 2019-2020

For _____
Name of Child

I, _____ give permission for the following people to
pick up my child at any time:

Name	Telephone#	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parents Please Note:

1. In the event that any of the approved persons listed above come in to pick up your child, we will release your child to them provided they have proper identification (if we cannot visually identify them).
2. If there is any change in this pick-up agreement, you must notify us in writing immediately. We are not responsible for releasing your child to any individual that you have authorized permission for, unless you change this agreement.
3. Any time that you know in advance of a change in your routine, we ask that you complete a blue form in the morning at drop off. The intent of this form is to authorize ONLY those individuals who pick up your child ON A REGULAR BASIS (i.e. babysitter, caregiver, family, etc.)

I have read the above and agree to the requirements to allow the above person(s) to pick up my child at any time. I agree to notify UCNS of any changes to this agreement immediately, or I will not hold them responsible if my child is released to any of these individuals.

Parent Signature _____ Date _____