

## **Authorization to Release (Pick up & Drop-off Procedures)**

The safety of every child in our care is important to us. Please complete the following to let us know who you have designated to pick up and drop off your child(ren).

Child's Name:	Age:	Teacher:
Street Address:	Apt#:	City/State/Zip:

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

**I authorize the following person(s) to pick up my child(ren) from Destiny Childcare and Development Center on occasions when I am unable to do so:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

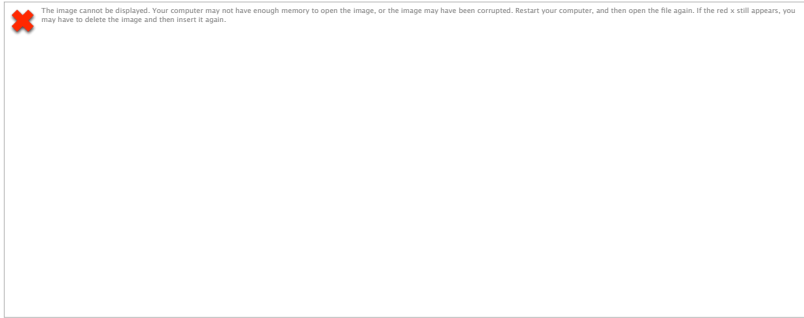
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**This authorization is effective as of \_\_\_\_\_ and I/we understand that it will remain in effect until I/we otherwise notify Destiny Childcare and Development Center in writing.**

**\*Identification of any and/all authorized persons must be presented at the office upon pickup of your child(ren), and a copy will be kept on file.**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



**Authorization to Release  
(Pick up & Drop-off Procedures)**

I will need before/afterschool care for my child. I give Destiny Childcare and Development Center authorization to pick up my child \_\_\_\_\_ from school each day and to be transported to:

**Destiny Childcare and Development Center  
5550 Reading Rd  
Cincinnati, OH 45237**

**Drop- Off Information:**

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Drop off time: \_\_\_\_\_ am**

**Pick Up Information:**

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Child Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Pick up Time: \_\_\_\_\_ pm**

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**