

First Baptist Church of Clarendon
Child Development Center



ALTERNATE PICK-UP AUTHORIZATION FORM

The person listed below must show a valid Driver's License/ID with information matching your Alternate Pick-Up Authorization Form in order to have your child released to them.

Today's Date: _____

Child's Name: _____

Date(s) of Alternate Pick-Up: _____

Name of Authorized Person(s): _____

Relationship: _____

Telephone of Authorized Person(s): _____

Parent Telephone: _____

Signature of Parent/Legal Guardian: _____

If the person named above may pick-up your child at any time from the FBCC CDC without additional written permission this will be considered a **BLANKET PERMISSION FORM** for such occasions.

Please sign here if this is your intent: _____