



Authorized Pick up/Drop off List

Child Name: _____ DOB: _____

Name: _____ Phone: (____) _____

Relationship: _____

Name: _____ Phone: (____) _____

Relationship: _____

Name: _____ Phone: (____) _____

Relationship: _____

Name: _____ Phone: (____) _____

Relationship: _____

I, _____, hereby authorize the above listed people to pick up my child if I am unable to. I also authorize Rainbow ChildCare to contact any of the above people in case of an emergency and I am not able to be reached.

Parent Signature

Date