



ALL DAY LEARNING CENTERS
170 Township Line Road, Hillsborough, NJ 08844
(908) 359-0803

Pick-up Authorization Form

I authorize the following person or persons, besides myself or spouse, to pick up my child from the center in the event I am not able to do so myself:

I give _____ authorization to pick up my child _____
(person's name) (child's name)

Brief description of the person named above: _____

Last 4 digits of person's Social Security number _____. (This will be used for verification only)

I give _____ authorization to pick up my child _____
(person's name) (child's name)

Brief description of the person named above: _____

Last 4 digits of person's Social Security number _____. (This will be used for verification only)

[] NO ONE OTHER THAN A PARENT OR GUARDIAN MAY PICK UP MY CHILD.

Parent – Guardian Signature

Date: _____