

Kreative Kidz Zone Program Inc.

204 Second St

Albany, N.Y. 12210

518-449-1521

www.KidZoneAlbany.com



Child Pick-Up List

I _____ (parent or guardian), give consent to Kreative Kidz Zone Program Inc. Center to release my child _____ into the care of the persons on this list. I understand that it is my responsibility to keep this form up to date at all times. I understand that my child will not be released to any persons I have not added to this list and that no person under the age of sixteen will be allowed to pick up my child regardless of the circumstances. I understand that Kreative Kidz Zone Program Inc. will require any persons they are not familiar with to present photo identification and that they make ask to see this ID more than once. Finally, I understand that Kreative Kidz Zone Program Inc. reserves the right to not release my child to anyone other than a parent or guardian in any situation in which they feel my child may be in danger.

1. Name _____

Relation to child _____

Phone Number _____

2. Name _____

Relation to child _____

Phone Number _____

3. Name _____

Relation to child _____

Phone Number _____

4. Name _____

Relation to child _____

Phone Number _____

5. Name _____

Relation to child _____

Phone Number _____

Parent / Guardian Name _____

Child Name _____

Parent Guardian Signature _____ Date _____