

Academy of Early Learning  
2411 Coral Court Suite 1 Coralville, IA 52241  
319-545-7656

**PICK-UP AUTHORIZATION FORM**

CHILD'S FULL NAME: \_\_\_\_\_

CHILD'S AGE: \_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes to this authorization.

Name	Address	Phone no.	Relationship to Child
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_____	_____	_____	_____
_____	_____	_____	_____

Is there a court order prohibiting contact with my child by any person?  
\_\_\_\_\_ YES \_\_\_\_\_ NO     If 'Yes' please provide a photocopy of order.

Name of prohibited person \_\_\_\_\_ Relationship \_\_\_\_\_

Is there any child custody order of which we need to be aware? \_\_\_\_\_

If so, please advise: \_\_\_\_\_

Name(s) of person(s) who may not pick up my child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Parent(s) or Guardian

\_\_\_\_\_  
Date