CHILDRENS' KASTLE
Christian Learning Center

AUTHORIZATION FORM

Please complete the following form with whomever is authorized to pick-up your child from CHILDRENS' KASTLE. Remember to inform these people that they must present proper identification before we may release your child. Also, remember to tell the staff at CHILDRENS' KASTLE that someone other than yourself will be picking up your child.

CHILD'S NAME_____

NAME	RELATIONSHIP	PHONE NUMBER
1._____		
2._____		
3._____		

PARENT SIGNATURE_____
PLEASE COMMUNICATE WITH STAFF AS TO ANY CHANGES.

It is recommended that you inform all parties that you wish to give authorization. Your child will only be released to the above mentioned people. If no one is here to pick-up your child that is listed on the authorization form we will be forced by our licensing requirement to notify the department of social services and the local police department for pick-up of your child.

>>>