

Little Leaders of KCK

Learning, Caring, Growing

Child Pick Up Form

The following people HAVE permission to pick up my child, _____, from Little Leaders of KCK. (child's name)

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

The following people DO NOT have permission to pick up my child, _____.

Name:	Relation:
Address:	Phone Number:

Name:	Relation:
Address:	Phone Number:

Anyone unfamiliar to the staff at Little Leaders of KCK will be required to show a photo ID. Under no circumstance will the child be released to anyone other than those listed with permission on this form without written permission from a parent/guardian.

Father/Guardian's Signature:	Date
Mother/Guardian's Signature:	Date
Little Leaders' Representative	Date