

Kountry Kids Child Pick-Up Authorization Form

Child's Name: _____

DOB: _____

Main Pick-Up Person:

Name: _____

Address: _____

Phone: _____

Relationship to Child: _____

Additional persons who may pick up child on a less a less frequent basis:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

***Any unfamiliar person to Kountry Kidz will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without written consent.**

(Parent Signature)

(Date)