



ALL DAY LEARNING CENTERS  
170 Township Line Road, Hillsborough, NJ 08844  
(908) 359-0803

## Pick-up Authorization Form

Child's Name: \_\_\_\_\_

I authorize the following person or persons, besides myself or spouse, to pick-up my child (named above) from the center in the event I am not able to do so myself:

Authorized Persons:

1) \_\_\_\_\_  
(First and Last Name)

Brief description of the person named above: \_\_\_\_\_

\_\_\_\_\_

Last 4 digits of person's ss#: \_\_\_\_\_. *(Used for verification purposes only)*

2) \_\_\_\_\_  
(First and Last Name)

Brief description of the person named above: \_\_\_\_\_

\_\_\_\_\_

Last 4 digits of person's ss#: \_\_\_\_\_. *(Used for verification purposes only)*

3) \_\_\_\_\_  
(First and Last Name)

Brief description of the person named above: \_\_\_\_\_

\_\_\_\_\_

Last 4 digits of person's ss#: \_\_\_\_\_. *(Used for verification purposes only)*

[ ] NO ONE OTHER THAN A PARENT OR GUARDIAN MAY PICK UP MY CHILD.

\_\_\_\_\_  
Parent – Guardian Signature

\_\_\_\_\_  
Date