



# Authorize Pick Up List

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

*The following people have my permission to pick up my child from Bright Beginnings Ferguson Child Development Center*

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

*I understand that the listed individuals (if not already known- or can be identified by a Bright Beginnings staff member) will be required to show a Photo ID prior to pick up. The name must match what is on the Photo ID.*

*I understand that all individual listed above must have to appropriate child restraints when transporting your child if they are required by the State of Ohio to ride in one depending on age and weight.*

\_\_\_\_\_

\_\_\_\_\_

(Parent/Guardian Signature)

(Date)

## Martial Status Documentation of Parent/Legal Guardian

Married    Single    Divorced

Mother Remarried    Father Remarried    Father Deceased    Mother Deceased

**Please list any custody arrangements, protection orders, or other court orders, if applicable.**

\_\_\_\_\_

*Bright Beginnings requires a copy of any court documents concerning the above order/custody agreements as they affect authorized pick-ups, emergency contact, and child's information.*

*Thank you!*

