

SHOOMAAN

Licensed Home Day Care

Authorized Person's List

Enrollee

Child's name: _____

Child's date of birth: _____ Child's Age: _____

Child's gender: _____ Child's Hair Color: _____ Child's Eye Color: _____

I/We _____ are the

parent(s)/guardian(s) of the child listed above.

I/We _____ give permission

to the following people to drop-off or pick-up the child listed.

Authorized Person's

Please list your information as well as any other people that you would like to allow pick-up and drop-off access of your child. Please note, for custody cases a court order as well as visitation schedules must be provided along with this form, as agreed on in your enrollment contract. Any unfamiliar person 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 permission from the parent.

Parent/Guardian 1 -

Name: _____ Phone: _____

Address: _____

Car Make/Model/Color: _____ License Plate #: _____

Parent/Guardian 2 -

Name: _____ Phone: _____

Address: _____

Car Make/Model/Color: _____ License Plate #: _____

Authorized Person 1 -

Name: _____ Phone: _____

Address: _____

Car Make/Model/Color: _____ License Plate #: _____

Authorized Person 2 -

Name: _____ Phone: _____

Address: _____

Car Make/Model/Color: _____ License Plate #: _____

My signature below indicates that I agree to allow the person(s) listed above to pick-up/drop-off my child. I understand that this is a legally binding form and by signing this form I agree that all the information provided herein is accurate. I further understand that any false information will result in the termination of my enrollment contract.

Parent(s)/Gaurdian(s) Signature 1: _____ Date: _____

Parent(s)/Gaurdian(s) Signature 2: _____ Date: _____

Shoomaan Licensed Home Day Care Signature: _____ Date: _____