

Oakbrook Child Development Center
Temporary Pick-up Authorization

Child's Name: _____ Classroom: _____

Parent/Guardian's Name: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Please list all individuals and the dates in which they may pick up your child.
The following people must present a picture ID at the time of pick-up.

Name	Relation	Phone	Date of Pick-up(s)

*The temporary pick-up authorization is for 5 days or less. If you need their assistance for greater than 5 days, please add them to your permanent pick-up authorization form.

If this form is being faxed to the center, you must include a copy of your photo ID.

Parent/Guardian Signature

Date