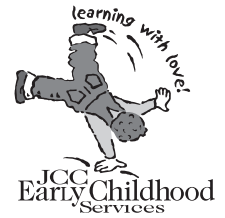


JCC of Chicago

Early Childhood Learning Centers



Authorization for Pick-up

Child's Name _____

Parent Name _____

Work Phone Home Phone Cell Phone

Parent Name _____

Work Phone Home Phone Cell Phone

I understand that only those individuals listed on this page are authorized to pick up my child. Under no circumstances will my child be released by JCC staff to any other individual.

Name	Address	Relationship	Work Phone	Home Phone
1. _____				
2. _____				
3. _____				
4. _____				

In case of emergency and I cannot be reached, please contact the following people who are within a 20 mile radius who may pick up my child

Name	Address	Relationship	Work Phone	Home Phone
1. _____				
2. _____				
3. _____				
4. _____				

I am in a carpool with the following people:

Name	Address	Relationship	Work Phone	Home Phone
1. _____				
2. _____				
3. _____				
4. _____				

Doctor's Name _____ Address _____ Phone _____

Signature of Parent/Legal Guardian _____