

The Childcare Center of the Hamptons
PICK-UP PERMISSION & EMERGENCY CONTACT FORM

Name of child: _____

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. (Even Mother and Father's name need to be listed!)

Date

Name

Relationship

Home/Cell phone

Work Phone

If there is a separation or divorce custody problem of which CCH should be aware, please explain. (attach custody documentation if necessary)

Names of persons who may not pick up the child:

I also give my permission for my child to leave the above named facility for trips in a center owned vehicle such as field trips or on walks.

Date _____

X _____
Signature of Parent or Guardian