

LEON VALLEY BAPTIST CHURCH MOTHER'S DAY OUT
CHILD PICK-UP AUTHORIZATION

CHILD'S NAME: _____

PARENT'S NAME: _____

Please list the persons (other than parents/guardians) who will be authorized to pick up your child from Mother's Day Out (MDO). Under NO circumstances will the child be released to anyone other than those listed below without WRITTEN permission from the parent.

1. _____

Relationship: _____ **Phone #** _____

2. _____

Relationship: _____ **Phone #** _____

3. _____

Relationship: _____ **Phone #** _____

4. _____

Relationship: _____ **Phone #** _____

Parent's Signature: _____

Director MDO Initials: _____ **Date:** _____