



Alternate Pick Up Authorization

Please list below any individual who is authorized by you to pick up your child in your place.

Alternate 1:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Alternate 2:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

Alternate 3:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_

I hereby authorize all staff at The Garden to release my child to the above listed individuals if I am unable to pick up my child for any reason.

I understand that The Garden staff cannot release my child to any individual other than his/her parents and those individuals listed above and that any individual listed above must bring a valid form of picture ID in order to pick up my child in place of me.

X \_\_\_\_\_  
signature

\_\_\_\_\_  
date