

Child Release Authorization Form

Child's Full Name: _____

Date of Birth: _____

Authorized Individuals for Pick-Up:

Please list the individuals who are authorized to pick up your child from My Piccolo Mondo.

Photo ID will be required at the time of pick-up.

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

I understand that my child will not be released to any person not listed above without prior written authorization from me.

In the event someone not listed must pick up my child, I will provide written and signed permission in advance.

Parent/Guardian Signature: _____

Date: _____