

Child's Name: _____

PICK-UP AUTHORIZATION

Please include **parents, guardians, family, or friends** who you authorize to pick-up your child. Anyone authorized to pick-up your child is also authorized to receive information about your child. **Please include name, mailing address, and phone number.**

If the parents or persons authorized by the parent fails to pick up an hour or more after closing time, and provided that other arrangements for releasing the child to his or her parents or authorized persons have failed and the staff members cannot continue to supervise the child at the center, the staff member shall call the Department's State Central Registry Hotline (1-877 NJ ABUSE/1-877-652-2873) to seek assistance in caring for the child until the parents or persons authorized by the child's parents are able to pick up the child.

The Children's Corner does NOT have the facilities to care for sick children. When your child becomes sick, we will need to arrange for your child to be picked up promptly. Please indicate by an X in the box, if the following are also authorized to pick up and care for your child in case of illness.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

My electronic signature below authorizes these changes effective the date noted below.

Parent/Guardian Signature

Date