



Authorized Pick-Up Changes

I hereby grant permission for the following people to remove my child/ren from WPDN during hours of operation:

 (child's name)

 (child's name)

Date:

Name:			
Address:			
City/Zip Code:			
Home Phone:		Cell Phone	
Work Phone:			
Emergency Contact	(Circle One)	Yes	No

Date:

Name:			
Address:			
City/Zip Code:			
Home Phone:		Cell Phone	
Work Phone:			
Emergency Contact	(Circle One)	Yes	No

Date:

Name:			
Address:			
City/Zip Code:			
Home Phone:		Cell Phone	
Work Phone:			
Emergency Contact	(Circle One)	Yes	No

Signature of Sponsor/ CoSponsor: _____