



# Shining Stars Childcare

## Child Pick-Up Authorization

PLEASE PRINT CLEARLY.

I, \_\_\_\_\_, authorize Shining Stars to release my child(ren) to the person(s) designated. This is in consonance with the Shining Stars Emergency Operations Plan.

**Student's Designated Custodian (s):** NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Parent / Guardian Signature Relationship Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Zip

\_\_\_\_\_  
(Home Phone) (Work Phone)

\_\_\_\_\_  
(Cell)