

**St. Matthew Early Childhood Center**  
2310 1<sup>st</sup> Avenue NE  
Cedar Rapids, Iowa 52402  
(319) 363-9309

**Pick-Up Authorization Form**

**Child's Full Name:** \_\_\_\_\_

**Child's Age:** \_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons identified below. It is my responsibility to notify the center in writing of any changes in this authorization.

| <b>Name</b> | <b>Relationship<br/>To Child</b> | <b>Address</b> | <b>Phone<br/>Number</b> |
|-------------|----------------------------------|----------------|-------------------------|
| _____       |                                  |                |                         |
| _____       |                                  |                |                         |
| _____       |                                  |                |                         |
| _____       |                                  |                |                         |
| _____       |                                  |                |                         |

Is there any court order prohibiting contact of my child with any person?  
\_\_\_\_ YES \_\_\_\_ NO If "Yes" please provide photocopy of order.

Name of person(s) \_\_\_\_\_

Names of person(s) who may not pick up my child \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date