

FPCDC Pick-Up Authorizations and Permissions

Child's Full Name: _____

Child Lives With: _____

Custody Information: _____

The following persons are authorized to pick up my child. I understand that if a person's name is not listed, FPCDC will not release my child to him or her. I also will be sure my alternate persons know to be prepared to produce a photo ID when picking up my child.

Please include your two emergency contacts on this list:

Name	Phone Number
_____	_____
_____	_____

Please note it is best to inform the FPCDC staff whenever possible that one of the alternates will be picking up your child.

PHOTO PERMISSION:

I give permission for my child to be photographed by the FPCDC staff in their daily activities and for said photo to be displayed in the school or included in a display that may be used at the church or off premises. I understand that I will be asked permission if said photo will be reproduced for purposes of advertising such as brochures, newspaper ads or involve any kind of major media.

Parent/Guardian Signature

__/__/____
Date