

## Release Authorization

**Child's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Please indicate below contact information for at least two (2) individuals **(INCLUDING all those persons with parental rights to this child)** who we can contact in an emergency should we not be able to reach you directly; and who are authorized to pick up your child from the Center if you are not able to do so yourself.

1. Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

3. Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

4. Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship (to child): \_\_\_\_\_

**IMPORTANT:** In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**