

Release Authorization

Child's Name: Last _____ First _____ Middle _____

Please indicate below the 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 Discovery Kids Learning Center if you are not able to do so yourself.

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

2. Parent/Guardian Name: _____ 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): _____

5. 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