



Child Care Center
5944 Fulton Drive NW
Canton, OH 44718
(330) 499-0500
info@cotlchildcare.com

STUDENT PICK-UP AUTHORIZATION

The people listed below are 18 years of age or older and authorized to pick up my child from Church of the Lakes Child Care Center.

Child's Name: _____

Approximate time of pick-up: _____

Mother's Name _____ # _____

Father's Name _____ # _____

Adult's Name _____ Relationship _____ # _____

Adult's Name _____ Relationship _____ # _____

Adult's Name _____ Relationship _____ # _____

PLEASE NOTE:

Anyone coming to pick up your child(ren) who is not on the list will not be allowed to leave with your child(ren). At the time of pick-up this person will be asked to present state issued picture identification or driver's license. This is to ensure the safety of your child(ren). Parent signature below acknowledges acceptance of this policy.

Parent/Guardian Signature _____ Date: _____

(Over)

FAMILY INFORMATION

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Gender: _____

Address: _____ (Street)
_____ (City, State)
_____ (Zip Code)

Who to contact 1st if your child is ill?
_____ # _____

Home Phone Number: _____

Mother's Name: _____ Cell # _____
Occupation: _____ Work # _____

Father's Name: _____ Cell # _____
Occupation: _____ Work # _____

Parents: Married Separated Divorced Other
(Please Circle)

Siblings:	Name	Age
Brothers:	_____	_____
	_____	_____
Sisters:	_____	_____
	_____	_____

Anyone additional living in the home:
_____ Relationship _____
_____ Relationship _____