



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

STUDENT PICK-UP AUTHORIZATION 2019 - 2020

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

Child's Name: _____

Time of pick-up: _____ (Approx)

Mother's Name _____ Cell # _____

Father's Name _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

Adult's Name _____ Relationship _____ Cell # _____

PLEASE NOTE:

Anyone coming to pick up your child(ren) who is not on this 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: _____



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

YOUR FAMILY INFORMATION For Your Teacher

Date: _____

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

Date of Birth: _____ Gender: M F

Address: _____ (Street)
_____ (City) OH _____ (Zip Code)

Who to contact 1st if your child is ill?

Name: _____ Cell # _____

Home Phone #: _____

Parents:

Mother's Name: _____ Cell # _____

Occupation: _____ Work # _____

Father's Name: _____ Cell # _____

Occupation: _____ Work # _____

Parents: Married Separated Divorced Other
(Please Circle)

Siblings:

Brother/Sister _____ Age _____

Brother/Sister _____ Age _____

Brother/Sister _____ Age _____

Brother/Sister _____ Age _____