



# Ankeny Christian Academy Preschool & Child Care

1604 West First Street  
Ankeny, Iowa 50023-2525

Telephone (515) 963-9933  
Fax (515) 965-8210

## Authorized Pick-Up for \_\_\_\_\_

Please print name of child

### If parent/guardian cannot be contacted in an emergency, please contact:

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Authorized adults allowed to pick up the child.

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Adults NOT AUTHORIZED to pick up the child.

(A written court order must be on file if a parent is not to pick up the child.)

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

I give permission for Ankeny Christian Academy Child Care to release my child to any of the people listed above. If someone other than the above is to pick up my child I will inform ACA in writing.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_