

Appendix XXII.

**ONE TIME AUTHORIZATION FOR PICK-UP
CENTER FOR YOUNG CHILDREN**

CHILD'S NAME: _____

ROOM: _____

CHILD'S NAME: _____

ROOM: _____

I authorize the following person(s) to pick up my child from the Center for Young Children, only on the dates indicated. I understand that it is my responsibility to inform the CYC of any changes related to this authorization, and that the Center has the authority to require proof of identification.

Authorized Person(s)	Relationship	Date(s) of Pickup	Approx. Time	Best Phone Number

Parent or Guardian

Date Completed