

Please complete and sign the following Authorization and Consent forms that are included as part of this application.

PARENTAL CONSENT FOR PICK UP OF CHILD

By signing below, I/We, _____, authorize and give consent for the following people to pick up my/our child from Faith Landmarks Ministries Child Development Center. I/We understand that persons picking up my/our child may be asked to present a valid picture ID. I/We also understand that my/our child **will not** be released to any person not on this list without prior written consent from me/us.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Signature of Parent/Guardian: _____

Password Authorization

After enrollment, families will be assigned a password which is to be used when they call to give permission for anyone, other than those listed on their emergency contact list, to pick up their child. The Administrator will ask the parents to give the password to verify their identity on the telephone. A verifying call will be made if needed. **NO ONE EXCEPT THE MANAGEMENT OF FAITH LANDMARKS CHILD DEVELOPMENT CENTER SHOULD EVER KNOW THIS PASSWORD.**