

**Teaching Time Academy**  
**PICK-UP PERMISSION & EMERGENCY CONTACT FORM**

**Name of child:** \_\_\_\_\_

I hereby give permission for my child to leave the center with the following persons named below. It is the responsibility of the parents to notify the center, in writing, of any change. (Even Mother and Father's name need to be listed!)

<u>Date</u>	<u>Name</u>	<u>Relationship</u>	<u>Home/Cell phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there is a separation or divorce custody problem of which Teaching Time Academy should be aware, please explain. (attach custody documentation if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of persons who may not pick up the child:

\_\_\_\_\_

\_\_\_\_\_

I also give my permission for my child to leave the above-named facility for trips in a center owned vehicle such as field trips or on walks.

**Date** \_\_\_\_\_

**X** \_\_\_\_\_  
**Signature of Parent or Guardian**