



CHILD CARE ALTERNATE PICK UP AUTHORIZATION

**I give permission for the following person(s) to pick up my
child from Mount Olivet Day Services:**

Childs Name: _____

**Date(s) of
Release:** _____

Classroom: _____

Name of person(s) authorized to release child to:

Parent Signature: _____

***Please remind the person picking your child up to bring
photo identification.***

Thank You!!