

**Application Forms**



**Safe Pick-Up List**

I \_\_\_\_\_ authorize the following people listed below to pick up my child from Drool of Rock childcare center.

Name	Phone	Relation to Child

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_