



The Center for the Development of Children

4 Springdale Ave.
Dover, MA 02030

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PARENTAL PERMISSION FORM

ALTERNATIVE PICK - UP

I GRANT PERMISSION TO THE FOLLOWING PERSON (S) TO PICK - UP MY CHILD FROM THE CENTER FOR THE DEVELOPMENT OF CHILDREN:

Child's Name: _____ Class: _____

Person(s) picking - up: (PLEASE PRINT)

1. NAME: _____ Relationship: _____

Telephone Number: () - Ext.:

2. NAME: _____ Relationship: _____

Telephone Number: () - Ext.:

Date: _____ to _____

Comments:

Parent's signature: _____ Date: _____

***PLEASE NOTE: We require that the person, who is picking your child up, show us a valid ID before we will release your child to them. PLEASE REMIND YOUR ALTERNATIVE PICK UP PERSON TO BRING THEIR ID INTO THE BUILDING TO PICK UP YOUR CHILD!**