

**BEVERLY HILLS RESOURCES CORPORATION SCHOOL
AND INFANT CARE CENTER
6550 & 6556 FOUNTAIN AVE, LOS ANGELES CA 90028-7823**

CHILD PICK-UP AUTHORIZATION FORM

Child's name: _____

Main pick-up person:

Name: _____

Address: _____

Relationship: _____

Phone: _____

Additional persons who may pick up child/children on a less frequent basis:

1. Name: _____

Address: _____

Relationship: _____

Phone: _____

2. Name: _____

Address: _____

Relationship: _____

Phone: _____

Any person(s) NOT authorized to pick up my child/children:

Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: _____ Date: _____

Father's or Guardian's Signature: _____ Date: _____