

CURIOUS MINDS LEARNING CENTER

CONTACT AND RELEASE AUTHORIZATION

DATE: _____
CHILD'S FULL NAME: _____
BIRTH DATE: _____
HOME ADDRESS: _____
CITY: _____ ZIP CODE _____
PARENT'S NAME: _____
COMPANY NAME: _____
WORK PHONE #: _____
WORK ADDRESS: _____
CITY: _____
EMAIL: _____
CELLULAR: _____ HOME PHONE: _____
PARENT'S NAME: _____
COMPANY NAME: _____
WORK PHONE #: _____
WORK ADDRESS: _____
CITY: _____
EMAIL: _____
CELLULAR: _____ HOME PHONE: _____

If parents live separately, note second parent's address and phone #:

PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER

Identification will be asked for at time of pick up. If you wish to include photographs of authorized persons, please do so.

Those other than parents who are authorized to pick up your child:

NAME: _____ CELL #: _____
ADDRESS: _____
NAME: _____ CELL #: _____
ADDRESS: _____