



**After School Art Classes**  
**115 Dixie Drive**  
**Chapel Hill, NC 27514**

**CHILD PICKUP AUTHORIZATION**

Name of Child(ren): \_\_\_\_\_

The following persons are authorized to pick up my child(ren) from ~~Cely's House~~ After School Art Classes. **ALL OTHER PERSONS WILL BE REFUSED.** We ask that you limit the number of authorized persons to three. **THIS IS FOR THE PROTECTION OF YOUR CHILD.**

Before persons **other** than those listed on this form will be allowed to leave with your child, written instructions must be signed by the parent or guardian who has legal custody of the child. The written instructions should be personally submitted to the Director by the parent or guardian who has legal custody of the child. **ONLY written instructions signed and personally delivered by the parent or guardian with legal custody of the child will be accepted and honored.** Should conditions arise that alter the legal custody of the child, the Director must be notified in writing immediately and furnished with a copy of the legal ruling to that effect.

**Persons authorized to pick up my child(ren) are:**

	<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>DR. LIC. #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_