

**The Temple- Tifereth Israel Early Learning Center, Ganon Gil
Authorized Pickup**

Child's name: _____ Date of Birth: _____

Parent's Name: _____ Contact Phone Number: _____

Parent Signature: _____ Date: _____

1. Name Authorized Pickup: _____

Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

2. Name Authorized Pickup: _____

Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

3. Name Authorized Pickup: _____

Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

4. Name Authorized Pickup: _____

Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____