



Happy Kids Playhouse LLC

Family Day Care Center

5 Heather Drive

Mahopac, NY 10541

(845)-621-2343

info@happykidsplayhouse.com

## **Authorization for Child Release**

This form is used to notify Ana Horvath that someone other than yourself will be responsible for picking up your child on the specified date below.

I, \_\_\_\_\_ give permission for my child,  
(Parent or guardian name)

\_\_\_\_\_ to be pick-up from Ana Horvath's

(Child name)

care by \_\_\_\_\_.

Date of Pick up: \_\_\_\_\_ Time of Pick up: \_\_\_\_\_

I have notified the person picking up my child that they will have to show proper ID (a copy of their License will be made) and sign the Visitors Log before being given access to my child.

Parent

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

### **Pick up person information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_