



The Child Language Center

Drop off and Pick up Information

Child's Name: _____ DOB: _____

Mother's Name: _____

Father's Name: _____

The following persons are authorized to pick up my child from The Child Language Center/Wings on Words program. Photo identification will be required.

Name	Relationship to child
1.	
2.	
3.	
4.	
5.	

Routinely, I plan to drop off my child at _____ a.m./p.m., and will
(time)

Pick up my child at _____ a.m./p.m.
(time)

Name: _____

Signature: _____

Date: _____