

Alternate Pick-Up Form

Today's Date:	
Name of Child:	
Date of Alternate Pick-up:	
Person picking up child:	
Name:	
Address:	
Telephone No:	
Driver's License No:	
Relationship:	
*	
Brief Description:	

I hereby consent to my child (named above) being released by MMA Child Care Center to the person identified above. I understand that MMA Child Center and its employees are not responsible for my child once the person identified above has exited the building with my child. Parent's Signature:

Date

This form must be completed in full and signed by the parent before our academy can release your child to someone who is not the parent. A verbal request is not sufficient. The academy Director or a MMA Child Care Center representative must make and attach to this form a photocopy of the driver's license of the person identified above.

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