

DRACUT CHILDREN'S CENTER

Pick-up Authorization Form

I give permission to:

Name

Relationship

Phone Number

To pick up my child from Dracut Children's Center/ Dracut Children's Center II

On _____

Date (s)

Child's Name

Parent's Signature

Date

****Photo ID is required for this pick up. Your child will not be released without a photo id.**

This form may be brought to the center or faxed.

Dracut Children's Center
891 Methuen Street
Dracut, Ma

Dracut Children's Center II
112 Sladen Street
Dracut, Ma

Fax: 978-970-0602

Fax: 978-957-7148