



1604 West 1st Street
Ankeny, IA 50023
Tel (515) 963-9933 Fax (515) 965-8210
www.acaeagles.net

Authorized Pick-Up for _____

Please print name of child

If parent/guardian cannot be contacted in an emergency, please contact:

Name _____ **Relationship to child** _____

Address _____

Phone: Home _____ **Work** _____ **Cell** _____

Name _____ **Relationship to child** _____

Address _____

Phone: Home _____ **Work** _____ **Cell** _____

Authorized adults allowed to pick up the child.

Name _____ **Relationship to child** _____

Address _____

Phone: Home _____ **Work** _____ **Cell** _____

Name _____ **Relationship to child** _____

Address _____

Phone: Home _____ **Work** _____ **Cell** _____

Name _____ **Relationship to child** _____

Address _____

Phone: Home _____ **Work** _____ **Cell** _____

Adults NOT AUTHORIZED to pick up the child.

(A written court order must be on file if a parent is not to pick up the child.)

Name _____ **Relationship to child** _____

Name _____ **Relationship to child** _____

I give permission for Ankeny Christian Academy Child Care to release my child to any of the people listed above. If someone other than the above is to pick up my child I will inform ACA in writing.

Parent / Guardian _____ **Date** _____