

Authorized Adults Form

In accordance with Georgia Law, we must have on file the names, addresses, and telephone numbers of the individuals permitted to drop off and pick up your child/children from our program. Individuals, who present themselves to claim your child, who have not been authorized by you, will not be allowed to leave with your child. Please list any persons any person's name, address, and telephone number who might arrive to pick up your child. Also, please call us if your child will not be in attendance of school.

Thank you for your cooperation.

Child's Name: _____

The following adults may drop-off or pick-up my child from The Learning Academy of College Park:

- 1) Name _____
Address _____
Phone _____
- 2) Name _____
Address _____
Phone _____
- 3) Name _____
Address _____
Phone _____

(Additional authorized adults can be added to the back of the paper)

FOR THE SAFETY OF YOUR CHILD/CHILDREN, ALL INDIVIDUALS (OTHER THAN PARENTS OR GAURDIANS) WHO ARRIVE TO PICK-UP YOUR CHILD WILL BE ASKED TO PRESENT A VALID FORM OF IDENTIFICATION.

I understand that my child will not be released into custody of any person who is not on the above list. I also understand that it is my responsibility to inform the school of any changes that need to be made to the above list.

Parent's or Guardian's Signature: _____

Parent's or Guardian's Name Printed: _____