

**Earling Learning Center –
“Imagination Station”
Authorized Pick-Up Form**



Please print all information clearly.

The individuals listed below are authorized to pick-up my child. I acknowledge and understand that the individuals I, the parent/guardian, list below are required to show valid, current, state approved identification prior to Somerset Academy, Inc. releasing my child. I understand that there are no exceptions to this policy.

Child 's First Name	Child's Last Name	
Authorized Person #1	Phone Number	Relationship
Authorized Person #2	Phone Number	Relationship
Authorized Person #3	Phone Number	Relationship
Authorized Person #4	Phone Number	Relationship
Authorized Person #5	Phone Number	Relationship

Parent/Guardian Signature	Date Signed:
<i>Date Received in Somerset Academy, Inc. Office</i>	