



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKOTA FAMILY YMCA

CHILD CARE PERMISSION TO PICK UP

I give my permission for the following people to pick up my child,
_____ from the Lakota Family
YMCA Child Care Programs. I understand that the person picking
up my child must be 16 years of age or older. They may also be
asked for identification when picking up your child.

NAME RELATIONSHIP TO CHILD PHONE NO.

Parent/Guardian Signature _____

Date _____

PLEASE NOTE:

- Please let us know if there is a custody issue
- Please let us know right away if there are any changes to the above list