

\_\_\_\_\_  
(Name of the day care center)

### Day Pick-Up Power of Attorney\*

My son/my daughter will be picked up by

Mr./Mrs. \_\_\_\_\_ on

Mo, \_\_\_\_\_

Tu, \_\_\_\_\_

We, \_\_\_\_\_

Thu, \_\_\_\_\_

Fr, \_\_\_\_\_

\_\_\_\_\_  
(Place/Date)                      (Signature of a parent or legal guardian)

*\* Note: Persons authorized to collect the child must be entered in the childcare contract.*

**Please have your ID ready.**

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