

Date: _____

Authorized Drop off person

Print:

Sign:

PIN: _____

Child's Name Age

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Staff please list drop off time:

Date: _____

Authorized drop off person

Print:

Sign:

PIN: _____

Child's Name Age

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_____	_____
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