

MIRACLES

LEARNING CENTER

Pick-Up Permission Form

I give permission for my child(ren) _____ to leave Miracles Learning Center with the following people. It is my responsibility to notify MLC in writing of any change.

1. Name _____

Phone # _____

Relationship _____

2. Name _____

Phone # _____

Relationship _____

3. Name _____

Phone # _____

Relationship _____

Parent/Guardian Signature

Date