

QUALITY TIME LEARNING CENTER
8101 Georgia Avenue
Silver Spring, MD 20910

**EMERGENCY CONTACT, PICK-UP PERSON(S)
AND CHILD RELEASE AUTHORIZATION FORM**

This document is the sole authority for pick-up/release of your child and is in force from **August 2017 to August 2018 only.*** The following people are authorized to visit my child at school and to pick-up my child from Quality Time Learning Center:

Child's Name: (FIRST) _____ (Last) _____ Nick Name: _____

Address: _____

Birth Date: ____/____/____

Mother's/Guardian's

Father's/Guardian's

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

Employer: _____

Employer: _____

Phone: (W) _____

Phone: (W) _____

Cell Phone: _____

Cell Phone: _____

(Authorized Pick-Up People Other than Mother and Father)

Name: _____

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

Phone: (H) _____

Phone: (W) _____

Phone: (W) _____

Phone: (W) _____

Cell Phone: _____

Cell Phone: _____

Cell Phone: _____

Relationship: _____

Relationship: _____

Relationship: _____

(Please use the back of this form for more names)

In case all above named authorized people cannot pick-up your child, parents must call the school before **5:00 p.m.**, and provide us the name/s and phone number/s of other alternate pick-up person/s. Parents are responsible for ensuring that the persons who are authorized to pick-up a child from the Center are aware of their responsibilities, e.g., having picture I.D. at the time of pick-up, and must be 16 years old or older. (LEGAL AUTHORITIES, SUCH AS THE POLICE AND CHILD PROTECTIVE SERVICES, WILL BE CONTACTED FOR CHILDREN LEFT AT QTLC ONE HOUR AFTER CLOSING THE CENTER, i.e., AT 7:00 P.M.) _____ (Mother's initials/date and Father's initials/date) _____.

Note: For any change in Emergency Contact pick-up person(s), Parent/Guardians are responsible to update the information as soon as changes occur. We must have your updated phone number(s) at all times.

The Center is **NOT** authorized to release the child to the following people.

1. _____
2. _____
3. _____
4. _____

Mother's/Guardian's Signature: _____ Date: ____/____/____

Father's/Guardian's Signature: _____ Date: ____/____/____

***Unless amended in person by the signing parent between August 2017 to August 2018.**