

**QUALITY TIME LEARNING CENTER**

8101 Georgia Avenue, Silver Spring, MD 20910  
Tel: 301-588-3350 Fax: 301-588-6006  
Website: [www.qualitytimelc.com](http://www.qualitytimelc.com)  
Email: [info@qualitytimelc.com](mailto:info@qualitytimelc.com)

**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 2024 to August 2025 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'**

**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 E.G. 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) \_\_\_\_\_.**

**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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Must be amended in person by the signing parent between August 2024 to August 2025.**