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Individuals Authorized to Receive Child in Emergency or at Pick-Up Time

I give my permission for my child to be released from the Program, in an emergency and/or at the end of the day, to the following people:

Name: _____ Relationship: _____

Address: _____

_____ Telephone: _____

Name: _____ Relationship: _____

Address: _____

_____ Telephone: _____

Signature of Parent or Guardian

Date