

# Redondo Beach USD



1401 Inglewood Ave  
Redondo Beach CA 90278  
(310)798-8683 ext. 1322

In order for this form to be accepted, it must be signed by the parent and/or guardian of the child.

In the event you would like to submit this electronically, please print, sign, and scan this form to your child's center.

## Child Development Center

# Temporary Pick-Up Authorization

Center \_\_\_\_\_ Room \_\_\_\_\_

Date/s of pick-up: \_\_\_\_\_

Child's name: \_\_\_\_\_

Adult to pick-up on the above date is:

\_\_\_\_\_

**I understand that I am giving permission for the above named adult to pick-up my child only on the date or dates noted above. I also understand that the above named adult is required to bring photo identification with them in order to have my child released to him or her.**

Parent Signature: \_\_\_\_\_