



Phone: (262)965-2285
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995 S. Sawyer Road
 Oconomowoc, WI 53066

Permanent Child Pickup Authorization Form

Child's Name _____
 (Please Print)

Parent/Guardian Name: _____ Date: _____
 (Please Print)

Permission is given to ALCCC to release the child listed on this page to the following:

Name	Home Phone	Work Phone	Relationship

I am aware that all persons granted permission to drop off or pick up my child must be at least 18 years of age.

Parent/Guardian Authorization: _____
 (Please sign)