



CCHRS UPK Pick Up Form

Name of child: _____

Persons allowed to pick up my child:

Name: _____ Phone: _____ Relationship: mother/guardian

Name: _____ Phone: _____ Relationship: father/guardian

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please alert those on this list that they must have a photo ID upon pick up or we cannot release your child. If there is a change, please be sure to call the main office 914-312-2744.