



# Signature Authorization

Family ID # \_\_\_\_\_

Dear Parent:

If you have authorized any other person(s) to pick up or drop off your child at the provider's home/facility, please have them print and sign their own names below.

Print Name	Signature
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PARENT/GUARDIAN:** Please print your name and sign below.

\_\_\_\_\_

Print Name Date

\_\_\_\_\_

Signature

**Note:** Signatures on this authorization form are for purposes of payment only. Crystal Stairs can only process payment for childcare services rendered by those listed on this form. Childcare services will not be paid for any day on which someone other than an authorized person picks up your child. Crystal Stairs does not determine or dictate who is eligible to pick up your child.