



100 Maple Street, Glens Falls, NY 12801  
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## Parent Consent for Child Pick Up

For the child's safety, we will only allow parents and those listed on this signed and dated consent form to pick the child up from Tiny Hands Academy. Please list anyone who may be picking your child up in the event a parent is not able to. Please have them bring a photo ID when picking up until we get to know their face. We appreciate being told who will be picking up at the time the child is dropped off. This helps us prepare your child for the end of class time. If someone else must unexpectedly pick up, you must call and let us know.

The following people have my permission to pick up my child(ren), \_\_\_\_\_  
*(child(ren) name(s))*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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