



Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Skagway Child Care Council  
DBA Little Dippers Learning Center  
PO Box 419, Skagway, Alaska 99840  
(907) 983-2785

## Authorization to Release Child

The following person(s) are authorized to pick up my child from  
Little Dippers Learning Center.

| Name | Relationship | Phone # |
|------|--------------|---------|
| 1.   |              |         |
| 2.   |              |         |
| 3.   |              |         |
| 4.   |              |         |
| 5.   |              |         |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date