



Child Pick Up Authorization

See our other Dietrich Karate programs at www.tkdsites.com/dks.com (703) 425-KICK

Today's Date _____

Child's name _____ # of weeks child attending _____

The following people are authorized to pick up my child from Dietrich Karate. Photo identification will be asked at sign out.
(Please include yourself)

Authorized person's name 1 _____ Relationship to child _____ Phone # _____

Authorized person's name 2 _____ Relationship to child _____ Phone # _____

Authorized person's name 3 _____ Relationship to child _____ Phone # _____

Authorized person's name 4 _____ Relationship to child _____ Phone # _____

Name of persons **NOT** allowed to pickup child
(appropriate custody papers shall be attached if a parent is not allowed to pick up the child)

Person's name 1 _____ Relationship to child _____

Person's name 2 _____ Relationship to child _____

Daily Check In / Check Out LOG

Week #	Date	Day	Time In	Drop Off person	Time Out	Pick Up person
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				

Week #	Date	Day	Time In	Drop Off person	Time Out	Pick Up person
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				

Week #	Date	Day	Time In	Drop Off person	Time Out	Pick Up person
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				

Week #	Date	Day	Time In	Drop Off person	Time Out	Pick Up person
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				

Parent/Guardian Signature _____ Print _____