



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