PELLA EARLY LEARNING CENTER
215 Main Street
Pella, Iowa 50219
641-628-4845
Fax: 641-628-4845

PICK-UP PERMISSION FORM

I hereby give permission for my child _____ to leave Pella Early Learning Center with the following persons named below. It is my responsibility to notify PELC, in writing, of any changes.

Name	Relationship	Phone Number

_____
Child or Children Enrolled

_____
Parent/Guardian

_____
Date