



Stimulation Centre for Children with Severe Disabilities

25A Bernard Street, Poortview, Roodepoort - Tel: 078 571 9096 - Reg No. 034-468 NPO

www.pathwaysroodepoort.org.za

PICK – UP AUTHORISATION

(Fill this form in for regular scheduled pick – up’s only)

Child’s Name: _____

The following have permission to pick my child up from the Pathways centre.

Name of person/s collecting my child along with day of the week the child is collected by said person. (Parents, family, friends and private driver’s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that this form gives permission to the above mentioned individual to collect my child on the stated days only. If this schedule changes, I am to notify Pathways immediately in writing. I also understand that if someone other than the above listed individual/s is to collect my child, written or telephonic permission needs to be given to the centre manager.

Parent’s signature: _____ Date: _____

Contact number where a parent can be reached: _____



reaching for our highest Potential