



Authorized Pickup Information

Please provide the information for your authorized pickup below.

Your Name *

First Name

Last Name

Your Email *

Your Phone *

How many authorized pickups are you adding? *

Child Information

Child Name (If child has a sibling, please be sure to mark "Yes" after initial child information): *



First Name

Last Name

Child Campus *

Buckhead

Northside

Ponce City Market

Child Classroom *

Will this authorized pickup apply to any siblings? *

Yes

No

I acknowledge that all of the persons listed as "authorized pickups" by both parents in Suzuki's "EZCare" system are authorized to pick up my child at any time, irrespective of any custody arrangements or court-imposed custody orders. I understand that the "EZCare" system at the Suzuki School which controls authorized pickups does not have the ability to differentiate between days of the week, and therefore, I will allow these individuals to pick up my child on any day during the week, and release Suzuki from any obligation to so distinguish which "authorized pickup" goes with which parent at any time during my child's enrollment at The Suzuki School. I understand that if I have authorized a person to pick up my child, that the school can provide information to him/her concerning my child and this includes but is not limited to: behavior, medical issues, etc.

Electronic Signature

Enter Your Name *

First Name



I certify that the information provided by me in this authorized pickup for is true and complete in all respects. I understand that it is my responsibility to keep all information current and accurate and to request modifications to information in writing I agree that an electronic version, copy of facsimile of the information provided within is valid.*

Use your mouse or finger to draw your signature above

[\[clear\]](#)

[Save and Resume Later](#)

Submit Form

Progress

