



**Fun and Friends Child Development Center
1609 Great Falls Street
McLean VA 22101**

ALTERNATE PICK-UP FORM

Child Name: _____ Date: _____

Name of Alternate Person: _____

Signature of Parent: _____ Phone: _____

Signature of Alternate: _____

Time of Pick-up: _____

Address of Alternate: _____

Phone of Alternate: _____