2016 Summer Program

AUTHORIZATION FOR PICK-UP

Child's Name: _____, _____
(Last) (First)

Class/Teacher: _____

Person who will regularly pick up the child:

Parent's Name: _____

or

Other Person & Relationship: _____

Other authorized persons:

a) Name: _____

Relationship: _____

b) Name: _____

Relationship: _____

c) Name: _____

Relationship: _____

Signed: _____
(Parent or Guardian)

Date: _____

If your child is to be picked up by someone other than those designated, please notify the teacher or the office. The staff is required to ask for identification (driver's license) from the person before releasing your child.