Dear Parents:

We are asking you to complete this form, stating the names of the individuals who are allowed to pick up your child from the After School program. Please be as thorough as possible with this list, as we will not allow your child to leave with anyone that isn’t named below. Also, please be advised that the person picking up your child must have a valid form of photo ID on them, such as a driver’s license, a passport or current school-issued ID. There will be NO exceptions.

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

Name: ___________________ Phone Number: _______________ Relationship to Child______________

I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM.

Signed _________________________________ Date ____________________________

Relationship to child _________________________ Telephone # ________________________

Name of child ________________________________