

KINGS BAY Y AFTER SCHOOL PROGRAM



(718) 648-7703, EXT. 229

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.

**Thank you,
After-School Administration**

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 _____