

HOLY FAMILY CATHOLIC SCHOOL

EXTENDED CARE CHILD PICK-UP AUTHORIZATION

The following people are given permission to pick up my child (ren) from extended care during the 20__ – 20__ school year.

 Child's Name

 Child's Name

 Child's Name

 Child's Name

Authorized Child Pick Up Individuals(Other Than Parents)

NAME	PHONE NUMBER

_____ Check here if a legal custody document addresses who may pick up the child/children. (A copy of the document must be on file in the school office).

Please print parent name: _____

Parent Signature: _____

HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER