

After School Program Registration and Pick Up Authorization Form

Child's Name: _____ Grade: _____

Days of week: Mon. / Tue. / Wed. / Thu. / Fri.

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Child's Name: _____ Grade: _____

Days of week: Mon. / Tue. / Wed. / Thu. / Fri.

①Name of Authorized Contact: _____

Address: _____

Relationship: _____

Phone: _____

②Name of Authorized Contact: _____

Address: _____

Relationship: _____

Phone: _____

③Name of Authorized Contact: _____

Address: _____

Relationship: _____

Phone: _____

Note: Any person unfamiliar to staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Parent/Guardian' s signature

Date