

# AUTHORIZED PICK-UP LIST

_____	_____
Child's First & Last Name	Child's Address
_____	_____
Authorizing Parent's Name	Day / Night Phone

**PICK-UP AUTHORIZATION:** The following people are permitted to pick up my child from the Summer Playground Program. I understand that these persons shall be the only persons other than the child's parent/legal guardian or those listed on the registration form that will be permitted to pick up my child at any time. I further understand that these persons shall be required to show identification on a daily basis.

Authorized Pick-up #1 Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Parents Authorizing Signature: \_\_\_\_\_

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Authorized Pick-up #2 Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Parents Authorizing Signature: \_\_\_\_\_

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Authorized Pick-up #3 Name: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Parents Authorizing Signature: \_\_\_\_\_