

2009 – 2010 Extended Care
Who has permission to Pick Up My Child/Children

Student's Name & Grade: _____

I give the following people permission to pick up my child/children
From Extended Care:

Name: _____
Address: _____
Phone Number: _____
Cell Phone: _____

Name: _____
Address: _____
Phone Number: _____
Cell Phone: _____

Name: _____
Address: _____
Phone Number: _____
Cell Phone: _____

NOTE: Your child/children will only be released to the above people,
unless you send a note to Extended Care indicating otherwise on a particular
day.

Parent's signature