



AUTHORIZED PICK UP LIST

For: _____ (Child/Childrens' Names)

Please list all persons who have permission to pick up your child/children from a School Age Connections program, other than parents or legal guardians.

Only those individuals listed on this form will have permission to pick up your child/children from School Age Connections.

If you need to make changes to this form, please inform the Director as soon as possible before any pick up changes are to take place. Only a **parent/guardian** may make changes to this form.

Name	Relationship to Child	Phone Number	Address

Signature: _____

Date: _____