

Name of Child:



JCC BROOKLYN CLINTON HILL

PICK-UP AUTHORIZATION FORM

Dear Parents/Guardians:

We are asking you to complete this form stating the names of the individuals who are allowed to pick up your child from the preschool/afterschool program. Please be as thorough as possible with this list, as we will not allow your child to leave with anyone whose name isn't below. Also, please be advised that the person picking up your child must have a valid form of photo ID. There will be NO exceptions.

Thank you!

- 1. Name: _____ Phone Number: _____ Relationship: _____
- 2. Name: _____ Phone Number: _____ Relationship: _____
- 3. Name: _____ Phone Number: _____ Relationship: _____
- 4. Name: _____ Phone Number: _____ Relationship: _____
- 5. Name: _____ Phone Number: _____ Relationship: _____

If there is a person who MAY NOT HAVE ACCESS to your child, please indicate:

Name: _____ Relationship: _____

Order of Protection Exists? Yes___ No___

I have read the above authorizations and agree to abide by them.

Signed: _____ Relationship to Child: _____ Date: _____ Telephone

Number: _____