

**Grace Ev. Lutheran Church and School
262-251 7140 Ext. 109
Extended Care Program
Child Pick-Up Authorization**



The people listed below are authorized to pick up my child(ren):

Child(ren)'s name(s):

from the Grace Lutheran Church and School Extended Care Program during the school year _____.

Name	Telephone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

PLEASE NOTE:

YOU AND YOUR DESIGNATED PICK UP PEOPLE WILL BE ASKED TO SIGN YOUR CHILD(REN) IN AND OUT OF THE EXTENDED CARE PROGRAM. ANYONE COMING TO PICK UP YOUR CHILD(REN) WHO IS NOT ON THIS LIST WILL NOT BE ALLOWED TO LEAVE WITH YOUR CHILD(REN) UNLESS AN EXTENDED CARE WORKER HAS RECEIVED A WRITTEN NOTIFICATION IN PERSON FROM THE PARENT. AT TIME OF PICK-UP THIS PERSON WILL BE ASKED FOR AN APPROPRIATE FORM OF IDENTIFICATION. THIS IS TO ENSURE THE SAFETY OF YOUR CHILD(REN) – THERE WILL BE NO EXCEPTIONS TO THIS POLICY. PARENT SIGNATURE BELOW ACKNOWLEDGES ACCEPTANCE OF THIS POLICY.

Parents Signature _____

Date _____