

CHILD PICK-UP AUTHORIZATION FORM

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

I _____ as parent/guardian of the above child/ren hereby authorize the following persons (*must be High School age or Older*) to pick up my child/ren from St. Peter Chanel Catholic Church Family Faith Formation. I hereby agree to inform the following person that proper identification may be required in order to pick up my child/ren.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Is there anyone *not* permitted to pick up your child/ren? YES NO

If YES who: _____

Signature of Parent

Date

If the above authorization for pick up for my child/ren changes, I will immediately notify St. Peter Chanel Faith Formation Department and submit a revised form.