

**St. Rita After School Childcare Program  
Pick-up Authorization Form**

Please list anyone authorized to pick up your child(ren) in the event you are unable to do so. Also, in the event of custody issues, please let us know who is *NOT* authorized to pick-up your child(ren).

Child's Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Teacher/Grade \_\_\_\_\_

**Parent Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

*The following people are authorized to pick-up my child(ren).*

Name	Home Phone	Cell Phone	Work Phone

*The following people are NOT authorized to pick-up my child(ren).*

Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date