

# Authorized Pick-Up List for the Village of Central Square Summer Recreation Program 201\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Person who will be regularly picking up child \_\_\_\_\_

Relationship to child \_\_\_\_\_

Authorizing Parent Printed: \_\_\_\_\_

Authorizing Parent Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

\*The following people also have my permission to pick up my child from the Summer Recreation Program:  
(Please note we will ask these people for identification in order to pick up your child.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

The following people **DO NOT** have my permission to pick up my child from the Summer Recreation Program:

(Please note: We are only able to detain the following people from picking up your child while we try to notify you or others on the authorized pickup list. If you have legal documents that indicate that the child is not to have contact with someone, we must have copies of this information attached.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*If you or someone on your authorized list are not able to pick up your child, please send written permission with the name of the person that will be picking up your child on that day. We will accept a phone call only in extreme cases that a note is impossible.

05/14