

**PARENT AUTHORIZATION
FOR CAMP STARS EXTENDED CARE PROGRAM
CHECKOUT**

Child/Children _____ **Grade:** _____
_____ **Grade:** _____
_____ **Grade:** _____

The following individuals may check my child/children out of the Camp Stars Extended Care Program

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It would also be helpful to know the names and relationships of those who may **NOT** pick up your child after school. Please list the names of those individuals below.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian: _____ **Home Phone:** _____
_____ **Work Phone:** _____
Address: _____ **Cell Phone:** _____
