

**PARENT AUTHORIZATION  
FOR AFTER – SCHOOL CARE PROGRAM  
CHECKOUT**

**Child/Children** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_  
\_\_\_\_\_ **Grade:** \_\_\_\_\_

The following individuals may check my child/children out of the McCurdy School After-school care program:

| <b>Name</b> | <b>Relationship</b> | <b>Phone Number</b> |
|-------------|---------------------|---------------------|
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |
| _____       | _____               | _____               |

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.

| <b>Name</b> | <b>Relationship</b> |
|-------------|---------------------|
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |
| _____       | _____               |

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
\_\_\_\_\_