

**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 Community Center 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:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_