

2019-2020

# PICK-UP AUTHORIZATION FORM

Please Print Clearly

Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Grade

Child's Name: \_\_\_\_\_  
Last First Grade

Child's Name: \_\_\_\_\_  
Last First Grade

Child's Name: \_\_\_\_\_  
Last First Grade

The following person/people have permission to pick-up my child/children:

**(Please include names of parents/guardians who have permission to pick-up)**

Last	First	Relationship	Home Phone	Cell Phone
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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I understand this form gives permission to the above named individual to pick my child/children up from the St. Gregory the Great Religious Education program. I understand that if someone other than the above named individual/s is to pick my child/children up, a written note must be submitted to the Religious Education Office.

The following person/people **do not have permission** to pick up my child/children:

Last	First	Relationship
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_____	_____	_____
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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_