

Holy Family Extended Hours
Daily Authorization Form

Please list the names(s) of persons who will be picking up your child(ren) from Extended Hours. THIS LIST MUST INCLUDE NAMES OF THE PARENTS AND/OR GUARDIANS of the registered children. If at any time you need to change or add names, please contact Anna Collins the Program Supervisor.

*Unless a handwritten note is received by the Extended hours staff, only the below signed persons will be permitted to pick up the below listed child(ren).

Name _____ Phone _____
Relationship to child(ren) _____

Name _____ Phone _____
Relationship to child(ren) _____

Name _____ Phone _____
Relationship to child(ren) _____

Name _____ Phone _____
Relationship to child(ren) _____

Name _____ Phone _____
Relationship to child(ren) _____

- Child(ren)'s name(s) 1. _____
2. _____
3. _____
4. _____

Parent/Guardian Signature

Date