ST. FRANCIS CRECHE
AUTHORIZATION FOR STUDENT PICK-UP

THE CRECHE STAFF WILL CALL THE EMERGENCY NUMBERS YOU HAVE PROVIDED WHEN YOUR CHILD IS ILL AND YOU ARE UNAVAILABLE AND/OR WHEN YOU ARE UNABLE TO PICK UP YOUR CHILD ON TIME.

Name of Student _____
(Last) ***(First)***

Parents/Guardians_____

Please list the person(s) authorized to pick up your child after school. Make this list as inclusive as possible. **You may add or subtract names during the school year by notifying the St. Francis Creche office *in writing*.** Persons on this list unknown to the Creche staff must show a photo identification before the child can be released.

1. **Name**_____**Relationship to child**_____

   Address_____**Phone**_____

2. **Name**_____**Relationship to child**_____

   Address_____**Phone**_____

3. **Name**_____**Relationship to child**_____

   Address_____**Phone**_____

4. **Name**_____**Relationship to child**_____

   Address_____**Phone**_____

5. **Name**_____**Relationship to child**_____

   Address_____**Phone**_____

Parent/Guardian Signature _____ **Date** _____

Revised 3/30/2012