

Deer Creek School
After School Care Program
Pick Up Authorization

I, as the parent/guardian of _____,
Give my permission for the following person(s) to pick my child up from the After
School Care Program at Deer Creek School.

1. _____
2. _____
3. _____
4. _____
5. _____

If someone not on this list is to pick my child up, I will send a note that day or
call the school office at 827-5165.

Parent's Signature

Date

Emergency Information

Child's Name: _____

Birthday: _____

Home Address: _____

Father's Name : _____ Cell# _____

Mother's Name : _____ Cell# _____

Home phone# _____

Alternate Emergency Contact name & #'s

Name: _____ Wk # _____ Cell# _____

Hm# _____

Name: _____ Wk# _____ Cell# _____ Hm# _____
