

PLEASE PRINT CLEARLY

**2021 - 2022
PICK-UP AUTHORIZATION FORM**

Family Last 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/persons have permission to pick-up my child/children:
(Please include all names of parents/guardians who have permission to pick-up)

LAST	First	Relationship	Home Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I understand my signature on this form gives permission to the above names individual(s) to pick my child/ children up from the Saint Jude Catholic Education Center or Church. I understand that if someone other than the above named individual(s) is to pick my child/children up, a **written and signed note** must be submitted to the Religious Education Office.

Due to special circumstances, please contact me immediately if the following person/persons arrive to pick-up my child/children:

LAST	FIRST	Relationship
_____	_____	_____
_____	_____	_____

I am a PREP volunteer at this session. Grade & session _____

Parent Signature: _____ **Date:** _____