



REACH

(Recreation & Education Accelerating Children's Hopes)

Pick-Up Authorization

Child's Name _____ Birthdate: _____ School: _____

Child's Name _____ Birthdate: _____ School: _____

Child's Name _____ Birthdate: _____ School: _____

Child's Name _____ Birthdate: _____ School: _____

Mother/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Other _____

Father/Guardian: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____ Other _____

Address: _____ City: _____ Zip: _____

I authorize the following Adults to pick up my child (other than Parent/Guardian):

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following are not authorized to pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____