

St. Bernadette Catholic Academy

Extended Day Pick-Up Form

2010/2011 School Year

PLEASE PRINT

Student Name(s): _____

I have authorized the following people to pick up my child/children: (include parents as well). Unless notified otherwise, only these people will be allowed **TO PICK UP MY CHILD/CHILDREN.**

Name	Relationship	Driver's License #	Daytime Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have authorized _____ (Named above) to be notified in case of an emergency if I cannot be contacted. **PLEASE NOTE:** Before authorized person **PICKS UP YOUR CHILD/CHILDREN** each day he or she must **MARK THE SIGN-OUT BOOK** indicating **SIGNATURE** and **TIME OF DEPARTURE.**

Please note below any specific names of persons who should **NEVER** be given this authorization:

Name	Relationship	Court Order on file in school office
_____	_____	_____
_____	_____	_____

Signature of Parent of Guardian _____
Date Signed

NOTE: Please write below any additional pertinent-information you believe should be known concerning your child/children.

