



Connects Before & After School Care Additional Authorization to Pick-Up

Child's Name: _____

Authorized Person for Pick Up: _____

Additional Phone Numbers (if needed): _____

Relation to Child: _____

If Authorized Person is under 18 (parent please sign here): _____

This authorization is: permanent one time

Parent Signature: _____

Authorized Person for Pick Up: _____

Additional Phone Numbers (if needed): _____

Relation to Child: _____

If Authorized Person is under 18 (parent please sign here): _____

This authorization is: permanent one time

Parent Signature: _____

Authorized Person for Pick Up: _____

Additional Phone Numbers (if needed): _____

Relation to Child: _____

If Authorized Person is under 18 (parent please sign here): _____

This authorization is: permanent one time

Parent Signature: _____

Please return to the Connects Before and After Care Site Director at your school!