JCSD
PARKS & RECREATION DEPARTMENT

2016-2017 SY

Authorization to Pick Up

I grant permission for the following individuals to pick up my child from the Kids Zone Program.

Parent/Guardian signature:
_____

Name:
_____Relationship:_____

Address:
_____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ is *this person an emergency contact?* YES / NO

Name:
_____Relationship:_____

Address:
_____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____*Is this person an emergency contact?* YES / NO

Name:
_____Relationship:_____
Address:
_____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____*Is this person an emergency contact?* YES / NO

NOTE: Only people listed on this sheet will be authorized to pick up your child. Additional sheets may be attached if necessary.