

Risen Christ Christian Academy

Authorized Person(s) Pick-up Form

I, _____, parent/guardian of
_____, hereby authorize the following
person(s) to pick-up my child from Risen Christ Lutheran Church School and
Child Development Center

*All persons on the authorized pick-up list who are not well known by the staff of Risen Christ Lutheran Church School & CDC **must** show a drivers' license or they will not be allowed to pick up your child. (A separate form is required for each child)*

Please fill in **ALL** of the following information for each person listed:

1. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone
Should also be considered an emergency contact: Yes No

2. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone
Should also be considered an emergency contact: Yes No

3. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone
Should also be considered an emergency contact: Yes No

Risen Christ Christian Academy

4. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone

Should also be considered an emergency contact: Yes No

5. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone

Should also be considered an emergency contact: Yes No

6. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone

Should also be considered an emergency contact: Yes No

7. _____
Full Name Date of Birth Relationship to Child

Address

Home Phone Work Phone Cell Phone

Should also be considered an emergency contact: Yes No

A courtesy phone call to the center to let us know that you anticipate someone else listed on this form picking up your child is appreciated.

Parent/Guardian's Signature Date Staff