

**Saint Pius X Catholic School CARES Program
2016-2017 School Year**

**AUTHORIZED PICK-UP RELEASE FORM
(Please complete one sheet for each child.)**

Child's Name: _____

Parent(s) or Guardian(s) with whom the child resides:

In addition to the parent(s), the following people also have my permission to pick up my child from the CARES program.

1) Full Name: _____

Address: _____

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

2) Full Name: _____

Address: _____

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

Full Name: _____

Address: _____

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

Parent / Guardian Signature: _____

Signature of authorized person noted above: 1) _____

2) _____