

**Saint Pius X Catholic School CARES Program  
2017-2018 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) \_\_\_\_\_