

**Grace Christian Academy
Pick-Up Authorization**

Childs Name _____ **Today's Date** _____
Parent's Signature _____

No one will be permitted to pick up your child if their name is not listed below. Make sure you list all adults even if you reside in the same household.

The Following Adults Are Authorized To Pick Up My Child

1. Parent/Guardian _____
Cell Phone _____ **Work Phone** _____ **Home Phone** _____

2. Parent/Guardian _____
Cell Phone _____ **Work Phone** _____ **Home Phone** _____

**Persons Other Than Parent/Guardian Authorized
To Pick up my Child**

1. Name _____

Cell/Home Phone _____ **Work Phone** _____

Relationship: Grandparent Relative Friend

2. Name _____

Cell/Home Phone _____ **Work Phone** _____

Relationship: Grandparent Relative Friend

3. Name _____

Cell/Home Phone _____ **Work Phone** _____

Relationship: Grandparent Relative Friend

4. Name _____

Cell/Home Phone _____ **Work Phone** _____

Relationship Grandparent Relative Friend

5. Name _____

Cell/Home Phone _____ Work Phone _____

Relationship: Grandparent Relative Friend

6. Name _____

Cell/Home Phone _____ Work Phone _____

Relationship: Grandparent Relative Friend