St. Peter's ECDC
AUTHORIZATION TO PICK-UP
2020-2021

I hereby authorize St. Peter's ECDC to allow my child to leave the school facility ONLY with the following persons in the event that neither parent is able to pick up.

(Please print complete name, relationship to child and phone number.)

	NAME	RELATIONSHIP	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Under no circumstances will your child be released to anyone not known to the school without authorization from you, the parent/guardian, and verification of I.D. in the front office. **Remember, if a carpool is set up, all drivers must be on your child's list.**

If the above information changes, please be sure to come by the ECDC office to update this form. A copy will be given to the teacher in the event of any updates or changes.

_____ _____ _____
Childs Name Signature of Parent Date

Office Use:

Class/Age/Days: _____

Updated on: _____