

**FLATBUSH JEWISH CENTER- JEWISH EDUCATION PROGRAMMING
APPROVED PICK UP AUTHORIZATION FORM**

Dear Caregivers: We are asking you to complete this form, stating the names of the individuals who are allowed to pick up your child from the afterschool program. Please be as thorough as possible with this list, as your child will only be released to the individuals listed below. Also, please be advised that the person picking up your child must have a valid form of photo ID. There will be NO exceptions.

- 1. Name: _____ Phone Number: _____ Relationship: _____
- 2. Name: _____ Phone Number: _____ Relationship: _____
- 3. Name: _____ Phone Number: _____ Relationship: _____
- 4. Name: _____ Phone Number: _____ Relationship: _____
- 5. Name: _____ Phone Number: _____ Relationship: _____
- 6. Name: _____ Phone Number: _____ Relationship: _____
- 7. Name: _____ Phone Number: _____ Relationship: _____
- 8. Name: _____ Phone Number: _____ Relationship: _____
- 9. Name: _____ Phone Number: _____ Relationship: _____
- 10. Name: _____ Phone Number: _____ Relationship: _____

My child has permission to walk home from the afterschool program

I have read the above authorizations and agree to abide by them.

Signed: _____ Relationship to Child: _____ Date: _____

Telephone Number: _____ Name of Child: _____