



PARENTAL AUTHORIZATION FOR DISMISSAL

Child's Name: _____

Parent's Name _____

Address: _____

Phone# _____ Cell# _____

Please list all persons, including yourself who have your authorization to pick up your child or receive your child at transportation drop-off. It will be helpful to select at least one parent of another child in the program.

<u>NAME</u>	<u>TELEPHONE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian's Signature

Date

Please Note: The Y will not release your child to any person who is not on the above list unless authorized in writing.
