

# New Hope Christian Academy

## Child Pick-up Authorization Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

**Main Pick-up Person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Additional persons who may pick up child/ children on a less frequent basis:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Any persons not authorized to pick up my child/children**

\_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_