



ST. CHARLES BORROMEIO CATHOLIC SCHOOL

St. Charles After Care Program

Authorized Pick Up Form

PLEASE PRINT

Date _____

Childs Name _____ Grade _____

Parent/Guardian _____

Cell # _____ work # _____

Relationship to child _____

Parent/Guardian _____

Relationship to child _____

Cell # _____ work # _____

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Name _____

Cell # _____ work # _____

Relationship to child _____

Name _____

Cell # _____ work # _____

Relationship to child _____

Name _____

Cell # _____ work # _____

Relationship to child _____

**Parent Signature _____