

Child Information Sheet and Authorization to Pick Up

Child's Name _____

Primary Guardian #1 _____

Primary Guardian #2 _____

The following individuals are approved to pick up my son/daughter from the Ross Community Center. All information provided is valid and up to date.

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone _____

I give permission for the following individuals to pick up my son/daughter

X _____