

**St. Joan of Arc Neighborhood Youth Outreach
Authorized Persons for Pick-Up**

Child's Name: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

Please list persons other than the parent/guardian for picking up your child(ren).

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

If an unlisted person comes to pick-up your child without a note or a phone call from the parent or guardian your child will not be released. Also, listed persons will have to show picture ID before your child is released to him/her.

Parent Signature

Date Signed