

St. Luke's After-School Care / Summer Kids' Kamp Pick-Up Authorization
Year _____ Group Assignment _____

Child's Name _____ Current Grade _____ School Name _____

Child's Address _____ Child's # _____ School # _____

Mother's Name _____ Work # _____ Home # _____ Cell # _____

Father's Name _____ Work # _____ Home # _____ Cell # _____

Emergency Name _____ Work # _____ Home # _____ Cell # _____

Emergency Code Name or Number _____

May never pick up your child: Name _____ Relationship _____

Authorized to pick up your child from St. Luke's After-School Care / Summer Kids' Kamp:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Please complete the below information:

Marital Status of Parents: Married_____ Separated_____ Divorced_____ Widowed_____

List any special needs or other important information the staff should know about your child such as....

Family History:_____

Custody / Visiting Arrangement:_____

Activities & Family Experiences which influence him / her:_____

Medical History / Food Allergies_____
