

Child Release Form

Please fill out the form below relating to those persons who have your permission to pick up your child from the Katz JCC After-School Program.

If, due to unforeseen circumstances, you assign someone else to pick up your child, we will require permission by phone, e-mail, fax or note from you to release the child into their care. Please be aware that a person may be asked to identify himself/herself with picture identification before receiving your child.

If there are any custody issues, we must have legal documentation regarding who is allowed to pick up the child/ren and on which days.

All information will be kept strictly confidential.

CHILD/REN:

Grade: _____ School: _____ Days: _____

Parent 1 Name: _____

Parent 1 Cell Phone: _____ Parent 1 Email: _____

Parent 2 Name: _____

Parent 2 Cell: _____ Parent 2 Email: _____

The following people are authorized to pick up my child from the Katz Jewish Community Center After-School Program. I authorize the release of my child to their care.

Name	Relation	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

