



**SIGN OUT/PICK UP AUTHORIZATION FORM**  
**ST.PIUS V EXTENDED DAYCARE**  
**2016-2017**

**STUDENTS' NAMES** \_\_\_\_\_  
\_\_\_\_\_

I authorize St. Pius V Catholic School Extended Daycare Program to release my above named child/children to the adults listed below in the event I am unable to pick them up on any given day.

I understand that any of these adults may be required to show proper identification and that at the time my child/children are signed out of the program St. Pius V Catholic School and the Extended Daycare staff relinquish all responsibility for my child/children.

I also understand that my child/children will NOT be released for any reason to any person not on this form unless I submit a WRITTEN authorization note. Phone calls and fax to release students will not be accepted.

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
PARENT'S SIGNATURE

# EXTENDED DAYCARE PROGRAM REGISTRATION FORM 2016-2017

STUDENT'S FAMILY NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

CHILD LIVES WITH (circle one): MOTHER FATHER BOTH PARENTS

OTHER \_\_\_\_\_

PLEASE LIST ANY ALLERGIES YOUR CHILDREN HAVE:

CHILD'S NAME \_\_\_\_\_ ALLERGIES \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ ALLERGIES \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ ALLERGIES \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ ALLERGIES \_\_\_\_\_