

Sacred Heart School Extended Day Authorized Pick Up List

Child(ren)'s Name(s): _____

This is a list of people who area authorized to pick up my child(ren) from the Extended Day Program:

| <u>Name</u> | <u>Phone Number</u> | <u>Relationship to Child</u> |
|-------------|---------------------|------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

***Please notify us immediately if you need to add or eliminate any names from the list or change any phone numbers. Thank you!**

Parent/ Guardian Signature