



CAMBRIDGE CHRISTIAN ACADEMY AFTER SCHOOL PROGRAM

PICK UP AUTHORIZATION FORM

Authorized pick up people must be over 18 years of age.

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

4. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Numbers: Please give the names, addresses and telephone numbers of two people other than those named above, who may be notified in case of emergency or illness when a parent or guardian is not available. These people should be in the vicinity of the school during program hours.

1. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ Date: _____