OLPH AfterCare Program Release Form

This form **MUST** be filled out and in our office prior to your child being accepted into the AfterCare Program. Please list any and all persons who may be picking up your child/children. Please remember that until the workers are familiar with the families they will release them without need to see some type of Picture ID, (Driver's License is preferable.) **Anytime someone who is not familiar to the workers comes for pick-up, they will be asked for ID. If they do not have a picture ID and/or are not listed, your child will not be released**.

Family's Last Name:_____ Ph# _____ Email: _____

Child's name: _____ _____ _____
first last grade

Child's name: _____ _____ _____
first last grade

Person(s) responsible for picking up child: - if more room is needed, please use other side

First	last	relationship	Ph#	Email
first	last	relationship	Ph#	Email
first	last	relationship	Ph#	Email
first	last	relationship	Ph#	Email
first	last	relationship	Ph#	Email
first	last	relationship	Ph#	Email

I have read the above information and understand that my child will be released to no one other than those listed above.

_____

Parent or Guardian