SAINT PETER LATCHKEY PROGRAM

Authorized Pick-up

CHILDS NAME (please print)_____

Please complete the form with the names of the people authorized to pick-up your child as required by state regulation.

First Name _____ Last Name_____
Address _____
City _____ State _____
Home phone _____ Work Phone _____
Relationship to the child: Mother Father Neighbor Friend
Other (specify) _____

First Name _____ Last Name _____
Address _____
City_____ State _____
Home phone _____ Work Phone _____
Relationship to the child: Mother Father Neighbor Friend
Other (specify) _____

First Name _____ Last Name _____
Address _____
City _____ State _____
Home Phone _____Work Phone _____
Relationship to the child: Mother Father Neighbor Friend
Other (specify) _____

First Name _____ Last Name _____
Address _____
City _____ State _____
Home Phone _____Work Phone _____
Relationship to the child: Mother Father Neighbor Friend
Other (specify) _____

First Name _____ Last Name _____
Address _____
City _____ State _____
Home Phone _____Work Phone _____
Relationship to the child: Mother Father Neighbor Friend
Other (specify) _____

Parent Signature_____Date _____