

**HILLCREST UMC AFTERSCHOOL
PROGRAM 2013 – 2014**
2208 Lafayette Blvd., Fredericksburg, VA 22401
540-898-2180

RELEASE / PICKUP AUTHORIZATION

I understand that participants in this afterschool program will not be permitted to leave with anyone, other than myself, except for the person(s) I have listed below. I understand that a photo ID must be presented each time if we do not have a picture of the person(s) listed. I understand that if my child is repeatedly picked up late they may be removed from the program. (Please print clearly)

Parent / Guardian:

Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Release Contact(s): (Parents/guardians will be called first) (please circle all that apply for contact purposes)

Primary /Name _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ For: health / discipline / pick-up (please circle)

Secondary / Name _____ Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ For: health / discipline / pick-up (please circle)

I give my permission for the person(s) listed above to pick up my child from the Hillcrest UMC Afterschool Program. I understand pictures for pickup/release will be used for ID only.

Signature of Parent / Guardian: _____

Date: _____

Picture of child Parent/Guardian Parent/Guardian Emergency Emergency