

Grace Christian Church 2014 Summer Bible Camp

Pick Up Authorization

Please complete this form (one per family) and send it back with the registration form. Fill up multiple sheets if your kids will be picked up separately.

Participant(s) (Please print)	Last	First
<input type="checkbox"/> MORNING ONLY PROGRAM – 9:00 AM to 12:00 PM (Please pick up your child by 1 PM.) <input type="checkbox"/> FULL DAY PROGRAM - 9:00 AM to 4:00 PM (Please pick up your child by 4:15 PM.) <input type="checkbox"/> AFTERNOON EXTENDED CARE - 4:00 PM to 5:00 PM (Please pick up your child by 5:15 PM)		

The following people are authorized to pick up my kid(s) from the summer bible camp. I understand my kid(s) will be allowed to leave with these individuals only. Photo ID will be asked at sign out. (Be sure to include yourself.)

Authorized Person's Name	Relationship to Child	Contact phone number

Parents/Guardians must sign in and out each day.

Date	Day	Time in	Initials	Time out	Initials
8/4/2014	Monday				
8/5/2014	Tuesday				
8/6/2014	Wednesday				
8/7/2014	Thursday				
8/8/2014	Friday				

Parent/Guardian Signature _____ Date _____