



FRIENDS SUMMER PROGRAMS

ALTERNATE PICK UP FORM

Name of Child: _____

Parent name: _____

Phone Home _____ Cell _____ Work _____

Email: _____

Names of persons who are permitted to pick up the child from the program:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For the safety of your child, he or she will not be released to a person not listed above. A parent MUST notify Friends Summer Program staff by phone or note sent with the child when regular transportation or pick-up methods will vary.

Parent signature _____ Date _____