

Child Pick-Up Form

A. The following people HAVE permission to pick-up the child named below from the HIP WAH SUMMER PROGRAM AFTERCARE. It is the parent's responsibility to notify Hip Wah in writing of any changes.

Child's Name	DOB	Age	Sex

1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

3. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

B. The following people MAY NOT pick-up my child(ren) from Hip Wah Summer Program Aftercare.

1. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

2. Name: _____ DL #: _____ Relation: _____
 Address: _____ Phone: _____

Note: Any person unfamiliar to Hip Wah Summer Program Aftercare staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information will result in termination of childcare.

1 st Guardian's Signature	Date
2 nd Guardian's Signature	Date
Hip Wah Summer Program Aftercare	Date