



Lopatcong Township School District
After-Care Program
AUTHORIZATION FOR PICK UP FORM

Child's Name _____

Each child may be released only to the child's custodial parent(s) or person(s) over the age of 18 authorized by the custodial parent(s) to pick-up and sign-out. Authorized person(s) must be written on registration forms, and must have photo ID at pick-up. Staff Members will ask to see photo ID from any person(s) picking that they do not know. **You must provide the names of the three people. It is imperative that your selection is based on several criteria:**

1. Be sure that individual are in close **proximity** to the After-care site, over the age of 18 and are responsible individuals who your child trusts.
2. Notify these individuals that you have designated them to server in this capacity on this form.

For our program, you must provide three (3) names and full addresses other than parents:

Name _____

Address _____

Phone # _____ Cell# _____

Relationship to child _____

Name _____

Address _____

Phone # _____ Cell# _____

Relationship to child _____

Name _____

Address _____

Phone # _____ Cell# _____

Relationship to child _____

This form must be completed with people living in the local area.
Without completion of this form, registration will not be complete.