



KISHWAUKEE FAMILY YMCA

YMCA Before and After School Program Additional Pick-up Authorization Form

DATE _____

PARTICIPANT INFORMATION (Please Print)

Participant Name _____
(Last) (First)

After School Site Attending _____

This document identifies people who are authorized to pick up your child from After School program. Additionally, people listed on this form are understood to be contacts for while your child is in our care and can be asked to pick up your child (due to behavior, illness or no show) as needed. Any person picking up your child will be asked to show **photo identification**. Only authorized adults, 18 years and older listed on this form may pick up your child.

Name	Relationship to Participant	Best Phone Contact #
1. _____		
2. _____		
3. _____		
4. _____		

YMCA Authorization for Pick-up Agreement

- I authorize the adults listed here to pick up my child from After School Program as necessary, including for the following reasons: illness, behavior, or end of program.
- I understand I must notify the YMCA immediately of any changes to this form.
- I understand that it is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff may contact Child Protective Services and/or police officials for further assistance.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, YMCA staff may have no recourse but to contact local authorities.

(Parent/Guardian Signature)

(Date)

YMCA Mission: The Kishwaukee Family YMCA is a charitable association whose mission is to promote Christian principles through quality services and facilities. We strive to enrich the Spirit, Mind and Body of all of our participants, especially families and children, regardless of ability to pay.

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