



HYT PICK-UP AUTHORIZATION FORM

(Fill out this form for regularly scheduled pick-ups ONLY!)

Child's Name: _____

The following person/people have permission to pick-up my child from school on a regular basis:

Name	Days of week they pick-up
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand this form gives permission to the above-named individual to pick-up my child on the stated days only. If this schedule changes I must notify the office in writing. Also, I understand that if I need someone other than the above-named individual to pick-up my child, a Daily Permission form must be submitted to my child's teacher.

Parent Signature: _____

Date: _____

Phone numbers (including cell #) where parent can be reached:
