

# LCYC Student Pick-Up Authorization Form

Child's Name: \_\_\_\_\_ School Year: \_\_\_\_\_  
*Last* *First*

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK-UP MY CHILD FROM LCYC. Please include parents/guardians.

Name	Relation	Cell Tel.	Other Tel.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Parent Signature Date