



St. Catherine School

540 3rd Avenue NE
Valley City, North Dakota 58072
Phone 845-1453



CHILD PICK-UP AUTHORIZATION

CHILD'S NAME (Please print) _____ Today's Date _____

Parent's Signature _____

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED BELOW. **PARENTS MUST NOTIFY THE SCHOOL IF SOMEONE OTHER THAN A PARENT/GUARDIAN PICKS UP THE CHILD.** INCLUDE ALL AUTHORIZED PERSONS, EVEN IF THEY LIVE IN THE SAME HOUSEHOLD.

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL

1. Parent/Guardian (please print) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

2. Parent/Guardian (please print) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

3. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider

4. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider

5. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship: Grandparent Relative/Sibling Family Friend Daycare Provider

