

**Marion Family YMCA Child Care
Pick Up Authorization List**

I, _____ give permission to the Marion Family YMCA
(parent/guardians name)

Child Care to release _____ to the following people.
(Child's Name)

Contacts should include yourself and emergency contacts from the emergency information form.

Name	Relationship to Child	Phone number
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

_____ My child is attending Before School Care and will take the bus from the Y to Benjamin Harrison Elementary. I understand Y child care staff will observe my child getting on the bus each morning. Once my child is on the bus, he / she is considered signed out of the program.

_____ My child is attending After School Care and will arrive on the bus from Benjamin Harrison Elementary. I understand the Y child care is not responsible for my child until he / she exits the bus and checks in with Y child care staff. Child care staff will meet the bus outside the Y each day. I also agree to notify the Y no later than 2:00 pm each school day if my child is not attending the After School program.

_____ My child is attending Before or After School Care and _____ school district is providing transportation for my child. Arrangements are: _____ . I understand that all such arrangements must be pre-approved by the Y School Age Child Care Coordinator or Program Director.

In the event that there is a change, I will notify the center immediately.

(Signature of parent / guardian)

(date)

_____ I have attached copies of legal custody papers which indicate the following biological parent / guardian **MAY NOT** pick up the child listed above.