



A.C.T. Program

PICK-UP AUTHORIZATION FORM

I, _____ hereby give authorization to the following persons to pick up my child(ren) _____ at any time when they participate in A.C.T. program activities.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

* Note: If any one of these persons need to be unauthorized by you it is your responsibility to notify A.C.T. Front Office, in written form, of this or any other change.

Signature of Parent/Guardian: _____

Date: _____