

ASK US!

AFTER SCHOOL KIDS UNDER SUPERVISION, INC.

CHILDS NAME _____

GRADE _____

AUTHORIZATION RELEASE

Person to whom my child may be release at dismissal:

_____ Phone No. _____ Relationship _____

_____ Phone No. _____ Relationship _____

_____ Phone No. _____ Relationship _____

In case of emergency and parent cannot be reached, please give the names of two persons to be contacted:

_____ Phone No. _____ Relationship _____

_____ Phone No. _____ Relationship _____

Anything about your child you would like us to know:

Parent/Guardian

Signature _____ Date _____