



Baldwin Bethany Community Development Corporation

Parent Authorization for Early Pick-Up

Student Name(s):

Last Name

First Name

Last Name

First Name

Last Name

First Name

Last Name

First Name

Enter Date(s) for Early pick-up: _____

Pick-up Time: _____:_____ am / _____:_____ pm

Parent/Guardian or Authorized Adult Contact Information

Parent/Guardian Name: _____

Contact Numbers:

Work _____ Home _____ Cell _____

In addition to the parent/guardian listed above, my child may be released to the following authorized adult (this includes anyone you give permission to pick your child up from the program).

Name/Relationship: _____

Contact Numbers:

Work _____ Home _____ Cell _____

Anyone other than the primary parent(s) picking up a child from camp will be asked to show a photo I.D. (e.g., Driver's License, State I.D., etc.)