



Sandwich Recreation Department
Super Fun Summer Program

Alternate Pick-Up Authorization

Child's Name: _____ D.O.B. _____

Please list the name and phone # (other than yourself) of the individuals who have your permission to pick up your child(ren) from the All Day Super Fun Summer Program . ***Also, understand that persons, other than yourself, will be asked for a photo I.D.*** and the list will be checked to make sure he or she is authorized to pick up your child(ren). If the individual is not on the list and no prior arrangements were made, your child(ren) will not be released. This policy has been put in effect for the safety of your child(ren). We appreciate your cooperation and understanding.

Name (please print)

Phone #

1. _____
2. _____
3. _____

Signature of Parent/Guardian

Date