

CHILD PICK-UP AUTHORIZATION --Please return this form with registration.

I, _____, authorize **Lampeter-Strasburg School Age Child Care** to release my child(ren) to the person(s) designated on the *Emergency contact form* I signed upon registration and update every six months. This will be used to call me in the event of an emergency and to identify persons I have designated to pick up my child(ren). This is in consonance with the **L-S SACC** Emergency Operation Plan.

Children's Names

Your Signature

Relationship

Date

Print Name

Phone number: _____

Work number: _____

NOTE: Parents and guardian should designate themselves as a person to whom your child may be released on the *Emergency Contact Form*. Friends, neighbors and other relatives may also be designated on that form.

SCHOOL AGE CHILD CARE HANDBOOK POLICIES

Please review the SACC Handbook, located on the L-S website under the parent tab, with those children attending SACC. Should you have any questions, please do not hesitate to contact the SACC director for further clarification. It is important that students and parents are aware of our expectations so that Lampeter-Strasburg School Age Child Care can be a safe and healthy place for students and staff.

- We / I do _____ do not _____ give permission for our / my child to be photographed and interviewed in conjunction with SACC related events / activities and give permission for the photographs and interviews to be used in district and local multimedia publications.
- We understand that positive behavior is the expectation; poor behavior including negative remarks and/or bullying will not be tolerated.
- We have read & discussed the **Lampeter-Strasburg School Age Child Care Handbook** and understand the SACC expectations, policies, and procedures.

Parent / Guardian Signature

Date

MID YEAR REVIEW

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____