



Seattle Christian
SCHOOL

2025-2026 Authorization for Pick-Up Form

Child's Name: _____

Please list below all individuals who are authorized to pick up your child/children.
*We will **require** identification.

Parents/Guardians:

Name: _____ Home Phone: (____) _____

Work Phone: (____) _____

Email: _____

Name: _____ Home Phone: (____) _____

Work Phone: (____) _____

Email: _____

Other People Authorized to Pick Up Your Child:

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

Name: _____ Relationship: _____

Address: _____ Phone: (____) _____

I do hereby authorize Seattle Christian School to release my child to the above listed people in the event I am unable to pick him/her up myself. I release Seattle Christian School from any and all responsibility for problems that may develop when such persons take my child from the premises.

Signature of Parent/Legal Guardian

Date