



THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATION: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of the above mentioned child, do hereby certify that the information provided is valid and agree not to hold Our Lady of Grace Church, or any employees or volunteers of Our Lady of Grace Church, responsible for any accidental injury my child might incur while in the care of this Kids of the Kingdom 2007 Program.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date