

St. Paul Lutheran Church Drop off and Pick up Record

Date:

Event:

I agree to allow my child to spend this event in the care of St. Paul Lutheran Church. If I need to be reached for any reason during this event, I give permission to St. Paul Lutheran Church to contact me at the number provided. If an adult other than myself or the child's other parent will be picking them up at the end of the event, that person is listed below. If my child will be picked up before the end of the event, I have made that clear to the adult in charge.

Child	Parent	Other pick up	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____