

Ashland After School Program Child Pick Up List

Name of Child: _____ Birth Date: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext.: _____

The names listed below are the only individuals that are allowed to pick up my child /children from the Ashland After School Program. I do understand that in order to take custody of the child /children, they must show proper ID to be signed out.

These people are allowed to sign out my child/children. (Include Parent/Guardians)

1.Name: _____ Relation to Child _____

2.Name: _____ Relation to Child _____

3.Name: _____ Relation to Child _____

4.Name: _____ Relation to Child _____

5.Name: _____ Relation to Child _____

Are there any person(s) who are not allowed to pick up your child/children?

(Circle one) Yes or No

Name: _____ Relation to Child _____

Signature: _____ **Date:** _____
(Parent or Guardian)

Ashland After School Program PO Box 517, Ashland, NH 03217

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