

# Our Lady of Peace Summer Program Authorized Pick-Up Form

My child(ren) \_\_\_\_\_ can be picked up from the OLP Summer Program by the individuals listed below.

Authorized Individuals:

Relationship:

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Please alert these individuals that photo ID will be asked for upon pick up.

Parent's signature

Mother \_\_\_\_\_

Father \_\_\_\_\_