

ST. JEROME REGIONAL SCHOOL
EXTENDED CARE PROGRAM (ECP)
RELEASE AUTHORIZATION

The following individuals are authorized to pick up my child, _____, from the Extended Care Program (ECP):

NAME / RELATIONSHIP TO CHILD	PHONE NUMBER
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

(If more room is needed please continue on back of form)

I hereby understand that for the protection of my child, he/she will not be given permission to leave our Extended Care Program (ECP) with anyone not included on the above list. It is my responsibility to notify the ECP staff, in writing, if any deletions or additions are to be made to this list.

I also understand that in the case of divorce or separation of parents, the ECP is legally obligated to release a child to either parent except in the case of a court order stating otherwise.

Parent's signature: _____

Date: _____