



54 Nagle Avenue
 New York, N.Y. 10040
 Phone 212-569-6200
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 www.ywashhts.org

KIDS CONNECTION PARENTAL AUTHORIZATION FOR DISMISSAL
2010

Date: _____

Child's Name: _____

Parent's Name _____

Address: _____

Phone# _____ Cell# _____

Please list all persons, including yourself who have your authorization to pick up your child or receive your child at transportation drop-off. It will be helpful to select at least one parent of another child in the program. **Please note that these adults must have photograph identification with them the first time they pick up the child from the bus stop.**

	NAME	TELEPHONE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

 Parent/Guardian's Signature

 Date

Please Note: The Y will not release your child to any person who is not on the above list unless authorized in writing.

AUTHORIZATION FOR DROP OFF WITHOUT PARENT OR CAREGIVER

I authorize the Y to leave my child at the bus drop-off without an adult present to receive him/her. My child is **10** years old or older.

 Parent/Guardian's Signature

 Date