

**ST. PAUL'S EVANGELICAL LUTHERAN CHURCH
CHRISTIAN CHILDHOOD CENTER
Authorization Form**

I authorize the following persons to pick-up _____

Child's Name

From St. Paul's CCC. Persons under the age of 16 will not be allowed to pick up your child for the safety of your child.

Name _____ Relationship to Child _____

ONLY THOSE PERSONS AUTHORIZED IN **WRITING** WILL BE ALLOWED TO PICK UP YOUR CHILD FROM THIS PROGRAM.

Parent's/Guardian's Signature

I give St. Paul's CCC permission to use pictures of my child for promotional purposes.

Parent's/Guardian's Signature

I hereby give my permission for _____

Child's name

to be taken from St. Paul's CCC on field trips and outings by authorized staff.

Parent's/Guardian's Signature

I have received and read St. Paul's Christian Childhood Center's Parent Handbook

Parent's/Guardian's Signature

I give permission for St. Paul's Christian Childhood Center staff to apply my child's sun-screen.

Parent's/Guardian's Signature

I give permission for St. Paul's Christian Childhood Center staff to apply my child's diaper cream as needed. (Toddler's only)

Parent's/Guardian's Signature