

Hawaiian Mission Academy Windward Campus
Extended Care Pick Up Authorization

Student's Name: _____ Grade: _____

Parent's Name: _____ Phone: _____

Address: _____
 Number & Street Name City Zip

The following persons are authorized to pick up my child from after care:

Name: _____ Phone: _____

Address: _____
 Number & Street Name City Zip

Name: _____ Phone: _____

Address: _____
 Number & Street Name City Zip

Name: _____ Phone: _____

Address: _____
 Number & Street Name City Zip

Parent's Signature

Date