

**PARENT AUTHORIZATION  
FOR CAMP STARS CHECKOUT**

Child/Children \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

The following individuals may check my child/children out of the McCurdy Ministries Community Center, CAMP STARS Program:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It would also be helpful to know the names and relationships of those who may **NOT** pick up your child after school. Please list the names of those individuals below.

Name	Relationship
_____	_____
_____	_____
_____	_____

**Please fill out:**

**Parent/Guardian:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Cell:** \_\_\_\_\_