

KITE PICKUP FORM — IMPORTANT!!

NOTE: Please fax (978-475-1422) this completed form back to us before July 23. You can also mail it to: Kaleidoscope, Box 506, Andover, MA 01810 or email it to mypopcorn2@aol.com .

Please note: If you already completed this form for a Kaleidoscope course, you do not need to resubmit it. If there are additional people who are authorized to pick up from KITE, please let us know before the program begins. Thank you!

Pick-Up Authorization Form

★ NOTE: Parent signature *required* even if parent(s) is/are only person/people authorized to pick up child(ren).

Last Name _____

Child's Name _____ KITE

Child's Name _____ KITE

The person (people) authorized to pick up my child(ren) is (are) (**include child's parents**) _____

____ My child is in the EXTENDED DAY program.

____ My child is in a carpool with the following children: _____

Parent signature (required) _____ Date _____

Note: If someone other than a parent/legal guardian will bring your child on the first day, please be sure to complete and sign this form in advance!