



After School Program Form (Optional)

Return form to: HPA After School Program, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-885-2510

INSTRUCTIONS

This form is optional. If you would like to designate other adults as authorized to pick up your child from HPA's After School Program, but who are not necessarily authorized to give permission to administer health care or give advice about caring for your child, please list those individuals below.

NOTE: When you enroll your child in HPA's After School Program (by indicating so on the Financial Form), a copy of your child's Student Information/Health Authorization Form (that includes parent contact and emergency contact information) is maintained with the after school program coordinator. The Health Authorization that you signed remains in effect.

Name: _____ Grade: _____

Name: _____ Grade: _____

ALTERNATE PICK UP DESIGNEES

Specific permission is for friends and family members who may visit your child or take your child off-campus.

Adult 1: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Fax: _____ E-mail: _____

Adult 2: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Fax: _____ E-mail: _____

Adult 3: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Fax: _____ E-mail: _____

Adult 4: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Fax: _____ E-mail: _____

Adult 5: _____ Relationship to student: _____

Phone 1: _____ Phone 2: _____ Phone 3: _____

Fax: _____ E-mail: _____

AUTHORIZATION

I authorize the adults listed above to pick up my child(ren) from Hawai'i Preparatory Academy's After School Program.

Signature of Parent 1: _____ Date: _____

Printed Name of Parent 1: _____

Signature of Parent 2: _____ Date: _____

Printed Name of Parent 2: _____