CrossPoint Church

44000 North Avenue

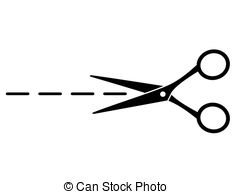
Clinton Twp., MI 48036

**Pick-up Authorization/Media Release**

In our continuing effort to promote safety as well as efficiency at CrossPoint, we request parents and children abide by the following pick-up procedures for our VBS program.

**THE FIRST DAY** – all parents are required to complete and sign this form prior to your child attending VBS.

**DISMISSAL PROCEDURE** – all children will be dismissed from their seats in the Worship Center. The rows of seats are labeled with a crew number. It is important that you know your child’s crew number and leader to ensure a quick and efficient pick-up. All crew leaders will have a list of people that you have authorized to pick up your child. NOTE: Children will note be released to anyone that is not on the list below. Children must be picked up by an adult (18 years or older). They may be asked to show a picture ID.

­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adults authorized to pick up my child:

|  |  |  |
| --- | --- | --- |
| **Name: First/Last** | **Relationship to Child** | **Contact Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

By signing this form, I also give permission for photographs that may include my child to be used

for CrossPoint Church purposes. *(Please note that names will not be identified on the photos!)*

|  |  |  |
| --- | --- | --- |
| **Parent Signature:** |  |  |
| **Print Name:** |  |  |
| **Date:** |  |  |