



St. Andrew Academy After School Care Program

7724 Columbine Drive Louisville, Kentucky 40258 (502) 935-4578 ext. 239

ACCESS/ESCORT AUTHORIZATION FORM

Each person listed below must have a driver's license number or social security number on file to be allowed to access/escort the child listed below.

Child's Name: _____ Birth Date: _____

As the custodial parents or guardians, I understand that St. Andrew Academy After School Care Program may request identification before allowing me access/escort of my child. This may occur when a new employee is providing care for your child.

LICENSE #: _____
Parent Name **Mother**
Work Phone: _____ Cell Phone: _____

LICENSE #: _____
Parent Name **Father**
Work Phone: _____ Cell Phone: _____

The person(s) listed below have my authorization to escort my child from the St. Andrew Academy Extended After School Care Program. I will inform the Director each time a special escort is necessary. In case of an emergency, St. Andrew Academy After School Care Program is authorized to contact the persons listed below.

LICENSE #: _____
Escort Name **Relationship**
Work Phone: _____ Cell Phone: _____

LICENSE #: _____
Escort Name **Relationship**
Work Phone: _____ Cell Phone: _____

LICENSE #: _____
Escort Name **Relationship**
Work Phone: _____ Cell Phone: _____

LICENSE #: _____
Escort Name **Relationship**
Work Phone: _____ Cell Phone: _____

The Person(s) listed below are NOT allowed to access/escort my child

LICENSE #: _____
Name **Relationship**

LICENSE #: _____
Name **Relationship**

In the case of a biological parent being on the "NOT ALLOWED" access/escort list, St. Andrew Academy After School Care Program must have legal documents on file, or we cannot deny the biological parent access to the child.

Parent Signature: _____ Date: _____