

BEACON CHRISTIAN ACADEMY
2024-2025
30 Prospect Ave, Bayonne, NJ 07002
201-437-5056

Student's Last Name, First Name (Print)

Grade

AUTHORIZATION AND CONSENT FORM

In case of emergency, contact _____ first.

Their number is _____.

I hereby authorize Beacon Christian Academy to release my child(ren) to the following individuals: (PLEASE PRINT. MUST INCLUDE FIRST & LAST NAME.) ***Include Mom, Dad, Stepparent, Grandparents, etc.**

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any person picking up your child must have identification. Please do not be offended if asked for identification, as aftercare staff sometimes rotates. This is for the safety of your child. *Note: If you need additional space to add people, use the back of this form.*

I understand if the name does not appear on the list, my child will not be released from school.

Parent/Legal Guardian Signature

Date

Primary Parent Email Address: _____