

PICK UP AUTHORISATION FORM

SCHOOL HOLIDAY PROGRAM



I, give permission to
(Parent/Guardian) (person picking up my child)
to pick up my child form the School Holiday Activity
(Child's name)
on
(date)

Persons not mentioned on this form do not have permission to pick up my child.

Please contact the Five Dock Leisure Centre if you have any questions or concerns.

Signature

Parent's/guardian Signature: Date:

Council Details

Address: Five Dock Leisure Centre
CNR Queens Rd and Williams Street,
Five Dock

Website: www.fdlc.com.au
Email: reception@fdlc.com.au
Telephone: 02 9744 2622
Fax: 02 9744 2701