



620 Wilcox Street
Castle Rock, Colorado 80104

Under 18 Sign-Out Authorization

Douglas County School District – Before and After School Enterprise (BASE)

Name of child attending the program: _____

Name of individual who will be picking up my child(ren): _____

Age of individual picking up my child(ren) _____

Relationship to child(ren): _____

I understand that my child(ren) will NOT be released to anyone under the age of 16. I also understand that the individual picking up my child MUST present a picture ID upon arrival to the school (i.e. Drivers License, State ID, School ID).

Parent Signature: _____

Date: _____

School Year _____/_____