

Additional Authorized Pickup Person(s) & Emergency Contact Form*

This form should be used to add additional people to the list that you submitted at enrollment.

Parent Name: _____ **Date:** _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Signature of Parent/Guardian: _____ **Date:** _____

**Parent/Guardian will always be called first.*