

CHILD'S FULL NAME _____

PICK-UP AND EMERGENCY INFORMATION

You must provide the names, addresses, and telephone numbers of four people other than the parents, who are authorized to pick up your child and who may be called in an emergency in case neither parent can be reached. These people should be individuals who can provide transportation and live within a 30-minute drive to the center.

Your child will not be released from the Children's Center to any person other than the parent or the persons listed below. If you know someone else will be picking up your child, please notify the Children's Center staff beforehand.

DO NOT INCLUDE PARENT OR GUARDIAN NAMES ON THIS LIST!

NAME

NAME

RELATIONSHIP

RELATIONSHIP

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

HOME PHONE

WORK PHONE

HOME PHONE

WORK PHONE

NAME

NAME

RELATIONSHIP

RELATIONSHIP

ADDRESS

ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

HOME PHONE

WORK PHONE

HOME PHONE

WORK PHONE

PARENT OR GUARDIAN SIGNATURE

DATE