





# Pick-Up Authorization & Emergency Contacts

Child's Name \_\_\_\_\_

## Parent/Guardian A

**Photo ID required**

Name _____	
Work/Daytime Address _____	
Home # _____	Cell # _____
Work # _____	

## Parent/Guardian B

**Photo ID required**

Name _____	
Work/Daytime Address _____	
Home # _____	Cell # _____
Work # _____	

## Other Emergency Contacts

**Photo ID required**

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	