



Child Pick Up Form

Child's Name _____

Please list below the names of people who may pick up your child in the event of an emergency or when you cannot get here in time.

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Please try to keep this form current. Make sure I am told in the morning either in person, phone or by email that someone else will be picking up your child. If your your child doesn't recognize the other person (such as "Hi Grandma!") then that individual will need to show us a form of identification.

Signed Parent _____ Date _____