

Emergency Contact Information

Emergency Contact 1

Name: _____ Relationship to child _____

Phone #1: _____ Phone #2: _____

Emergency Contact 2

Name: _____ Relationship to child _____

Phone #1: _____ Phone #2: _____

Emergency Contact 3

Name: _____ Relationship to child _____

Phone #1: _____ Phone #2: _____

Emergency Contact 3

Name: _____ Relationship to child _____

Phone #1: _____ Phone #2: _____

Authorized Pick-Ups

Please list the names of all individuals that are authorized to pick up your child from the facility. A valid photo ID and **prior written notice** of pick-up is required.

Name: _____ Relationship to child _____

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