





ADDITIONS TO MY CHILD'S APPROVED PICK-UP LIST 2017-2018

Child's Name _____ Age _____ Date of Birth _____

A
<p>_____</p> <p>Mother/Guardian Name _____ Father/Guardian _____</p>

B	Names, addresses, and phone numbers of person(s) to contact in an EMERGENCY if parent/guardian cannot be reached:
Emergency Person (1): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	
Emergency Person (2): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	
Emergency Person (3): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	

C	Names, addresses, and phone numbers of person(s) permitted to pick up your child from SCP/Enrichment:
Pick-up Person (1): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	
Pick-up Person (2): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	
Pick-up Person (3): _____ Relationship: _____	
Home Phone: _____ Cell Phone: _____	
Address: _____	

D	The above persons have my permission to pick-up my child.
	_____
	Print Parent/Guardian <u>Legal</u> Name
	_____ Date: _____
	Parent/Guardian <u>Legal</u> Signature