

Authorized Pickup Contact Form

Child's Name _____ **Age Group** _____ **Class** _____
(office will fill in)

Authorized Pickup

Name _____
Relationship _____
Phone # _____

Authorized Pickup

Name _____
Relationship _____
Phone # _____

(attach photo here)

(attach photo here)

Authorized Pickup

Name _____
Relationship _____
Phone # _____

Authorized Pickup

Name _____
Relationship _____
Phone # _____

(attach photo here)

(attach photo here)

If there are persons whom you do not want to have contact with you child, please write their names below and provide a description and photo if at all possible.
