



ADDITIONS TO MY CHILD'S APPROVED PICK-UP LIST

Child's Name _____ Age _____ Date of Birth _____

A

Mother/Guardian Name _____ Father/Guardian _____

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 Legal Name

☀ _____ Date: _____
Parent/Guardian Legal Signature