

**Authorized Regular Pick-Up List (Parents and Care Taker)**

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

**Contingency Pick-up List (someone local: i.e. relative, neighbor, etc.)**

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

**Emergency Contact List (can be someone out of town)**

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

**Persons NOT PERMITTED to pick up child**

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

MOTHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

FATHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent Phone Numbers:** Please list in order of priority, e.g. Mom work: 708-333-3333

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_