

Emergency Contact/Alternate Pick-Up Form

Child's Name: _____

For School Year: _____ Class: _____

Please list below at least three emergency contacts that could be reached if you are unable to be contacted. Also, please list all people who are allowed to pick-up your child from Preschool. Please inform your alternate pick-up people that when they pick up for the first time they will need to have photo I.D. available for verification.

Parent: _____ phone: _____

Emergency Contact: _____ phone: _____

Emergency Contact: _____ phone: _____

Emergency Contact: _____ phone: _____

Who will be regularly picking up your child from preschool (please print)?

Others authorized to pick-up my child from Preschool (please print):

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Signature: _____ **Date:** _____

