

AUTHORIZED PICK UP INFORMATION

Child's Name: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

Name: _____
Phone: _____

Relationship: _____

A child may not leave church premises until released to a responsible adult by the teacher. Your child will be released **ONLY TO THOSE WHOM YOU AUTHORIZE** on your application.

If Neither Father Nor Mother Can Be Contacted, Call:

Name: _____

Phone: _____

Child's Doctor: _____

Phone: _____

Child's Dentist: _____

Phone: _____

Allergies: _____

Medical Conditions: _____

Parent Signature

Date