



Academic Year 2010-2011
Authorized Pick up & Emergency Contact Form
(Please Print)

Child's First Name Last Name

Please list anyone, other than the parents, who are authorized to pick up your child from school. Only those listed below will be allowed to remove your child from the school. The Washington State Department of Early Learning regulations require that we keep, on file, the address and phone number of authorized persons.

First Name Last Name

Address

Home Phone # Cell Phone #

Preferred PIN number for checking in / out (4 numbers) 1st choice 2nd choice

First Name Last Name

Address

Home Phone # Cell Phone #

Preferred PIN number for checking in / out (4 numbers) 1st choice 2nd choice

First Name Last Name

Address

Home Phone # Cell Phone #

Preferred PIN number for checking in / out (4 numbers) 1st choice 2nd choice

First Name Last Name

Address

Home Phone # Cell Phone #

Preferred PIN number for checking in / out (4 numbers) 1st choice 2nd choice

First Name Last Name

Address

Home Phone # Cell Phone #

Preferred PIN number for checking in / out (4 numbers) 1st choice 2nd choice

The following individuals may NOT, under any circumstances, pick up my child:

Name Relationship to child

Name Relationship to child

Remarks

Parent's Signature Print Name

Date