



Authorized Pick up & Emergency Contact Form

2019-2020

Child(ren)'s First Name _____ Last Name _____

Please list anyone, other than parents, who are authorized to pick up your child(ren) from school. Only those listed below will be allowed to remove your child(ren) 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. We require copies of Driver's License for photo ID to be on file prior to the first day of school. ALL fields MUST be completed below—addresses and phone numbers are mandatory.

First Name _____ Last Name _____

☐ Please contact this person in case of emergency if neither parent can be reached.

Address _____

Home Phone: _____ Cell Phone: _____

You will need to provide TWO DIFFERENT PIN numbers for checking in/out - 4 numbers each.

1st choice pin#1 _____ pin #2 _____

First Name _____ Last Name _____

☐ Please contact this person in case of emergency if neither parent can be reached.

Address _____

Home Phone: _____ Cell Phone: _____

You will need to provide TWO DIFFERENT PIN numbers for checking in/out - 4 numbers each.

1st choice pin#1 _____ pin #2 _____

First Name _____ Last Name _____

☐ Please list this person as an emergency contact in the case that neither parent can be reached.

Address _____

Home Phone: _____ Cell Phone: _____

You will need to provide TWO DIFFERENT PIN numbers for checking in/out - 4 numbers minimum.

1st choice pin#1 _____ pin #2 _____

First Name _____ Last Name _____

☐ Please list this person as an emergency contact.

Address _____

Home Phone: _____ Cell Phone: _____

You will need to provide TWO DIFFERENT PIN numbers for checking in/out - 4 numbers minimum.

1st choice pin#1 _____ pin #2 _____

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 _____