



# Pryme Tyme Before & After School Program Additional Pickup Form

## EMERGENCY CONTACTS AND AUTHORIZED PICK UP PEOPLE

The individuals listed below will be called in case of emergency when the parent or guardian cannot be reached. The child may be released to the person(s) signing this agreement and/or to the following:

Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_