



After School Enrichment At The School Additional Pickup Form

Child Name: _____ Scool Site: _____

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 Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____ GA, Zip: _____
Cell #: _____ Home #: _____ Work #: _____

Pick up Code Word (Only used in emergency): _____

Parent/Guardian Signature: _____ Date: _____