



# Before & After School Program Authorized Student Pick-Up Form School Year 2020-2021

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation: \_\_\_\_\_

## Authorized Pick-Up/Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_