



Before & After School Program Student Pick-Up Form School Year 2021-2022

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: _____