

**Before & After School Program
Student Pick-Up Form
School Year 2023-2024**



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: _____

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____