

NAME OF PERSON TO BE CONTACTED IF PARENT CANNOT BE REACHED IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____

HOME TELEPHONE NUMBER: _____ BUS. TELEPHONE NUMBER: _____

.....
AUTHORIZED PICK UPS:

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ WORK: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ WORK: _____

3. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: HOME: _____ WORK: _____

UNDER NO CIRCUMSTANCE WILL ANY CHILD BE RELEASED TO ANYONE NOT ON THE AUTHORIZED PICK UPS LIST UNLESS WE HAVE BEEN GIVEN VERBAL OR WRITTEN AUTHORIZATION FROM THE PARENT. PICK UPS NOT KNOWN TO THE CENTRE WILL BE ASKED TO SHOW PICTURE I.D. BEFORE THE CHILD WILL BE RELEASED TO THEM. IF PICTURE I.D. CANNOT BE GIVEN THEN THE PARENT WILL BE CALLED AND ASKED TO GIVE VERBAL VERIFICATION.
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I HEREBY MAKE APPLICATION TO ENROL THE ABOVE MENTIONED CHILD IN THIS CENTRE AND I UNDERSTAND AND AGREE TO ABIDE BY ALL POLICIES AND REGULATIONS IN THE CENTRE.

PARENT / GUARDIAN SIGNATURE: _____ DATE : _____

PARENT / GUARDIAN SIGNATURE: _____ DATE : _____