

ADDITIONAL CONTACT/PICK-UP LIST

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick Up Name: _____ Home /Cell Phone: _____

Relationship to the Child: _____ Address: _____

Please check all that apply: Emergency Contact Able to pick up all children in the family.

Not able to pick up the following children: _____

I authorize the above people to pick up my child from Little Wonders and/or be contacted in case of an emergency or illness, as indicated above.

Parent Signature _____ **Date** _____