

Emergency Contact & Pickup Information

(**Please** enter all phone numbers in **PENCIL**)

[Child]

First Name	Last Name	Birth Date
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[Sponsor]

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

[Co-Sponsor]

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

Other persons also authorized to pickup child.

(List in order of who you would want us to call in an emergency if we could not reach those above)

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager

First Name	Last Name	Relationship	
Home	Work	Cellular	Pager