



Amazing Kids Academy

Childs Name: _____

Emergency Contact Information

Mom's name: _____

Dad's name: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

Work #: _____

Work #: _____

Address: _____

Address: _____

Name of authorized emergency contact: _____

Home #: _____

Cell #: _____

Work #: _____

Address: _____

Pick Up Authorization

Please list all of the people who are allowed to pick up your child from preschool. Make sure that all of these individuals know that we will require a photo id to verify their identity and that they are on your list. Please let your child's teacher know ahead of time (if possible) that someone on your list is picking up your child.

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

"I authorize the above listed persons to pick up my child from preschool."

Parent Signature

Date