

EMERGENCY CONTACT VERIFICATION

Dear Early Learn Parent:

Please indicate below the name(s) of an emergency contact person whom you wish the staff to contact when you cannot be reached by telephone. This person will be responsible for picking up your child at the appropriate pick-up time, when you cannot do so **IN AN EMERGENCY**.

Please indicate below the person that you have chosen as your emergency contact for your child.

Thank you.

CHILD'S NAME: _____

NAME OF PERSON AUTHORIZED TO PICK UP MY CHILD WHEN I AM UNAVAILABLE: _____
ADDRESS: _____
VALID TELEPHONE NUMBER(S): (H) (____)-____-____ (C) (____)-____-____
RELATIONSHIP TO CHILD: (i.e. Sister, Aunt, Grandparent, Friend, Cousin)

NAME OF PERSON AUTHORIZED TO PICK UP MY CHILD WHEN I AM UNAVAILABLE: _____
ADDRESS: _____
VALID TELEPHONE NUMBER(S): (H) (____)-____-____ (C) (____)-____-____
RELATIONSHIP TO CHILD: (i.e. Sister, Aunt, Grandparent, Friend, Cousin)

NAME OF PERSON AUTHORIZED TO PICK UP MY CHILD WHEN I AM UNAVAILABLE: _____
ADDRESS: _____
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