

# Pick-Up Authorization

The following people are authorized to pick up \_\_\_\_\_.

Child's Name

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

# General Information Form

Child's Name \_\_\_\_\_ Name the child prefers (nickname) \_\_\_\_\_

First name you would like the child to identify/write \_\_\_\_\_

Who does your child lives with: (Please check one)

both parents  mother  father  legal guardian

custodial arrangement (please describe) \_\_\_\_\_

Does your child have siblings?  Yes  No

Name and age of siblings

\_\_\_\_\_  
\_\_\_\_\_

Has your child attended school in the past?  Yes  No

Does your child attend Sunday School Classes?  Yes  No

May the school contact you via email for weekly updates, newsletters and school special events?

Yes  No Please list all email addresses including babysitters and/or grandparents if you would like them to receive the emails as well.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see your child learn this year?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_