

KIDSPORTS – SCHOOL’S OUT CAMP

Pick-up Contacts

Child’s Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____

Mother’s Name: _____

Mother’s Work #: _____ Cell #: _____

Father’s Name: _____

Father’s Work #: _____ Cell #: _____

***IMPORTANT:**

Phone number (between 4 pm – 7 pm): _____

***This is the phone number of the parent we could reach in case we have a question regarding the person picking up the child.**

List Allergies: _____

I authorize the following person(s) to pick up my child from Kidsports at the end of the day. I UNDERSTAND THAT I SHOULD STILL NOTIFY THE TEACHER AND/OR ASSISTANT THAT SOMEONE ELSE IS PICKING MY CHILD UP ON A SPECIFIC DAY.

1. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

1. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

3. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

PARENT’S SIGNATURE: _____ DATE: _____