



**GENERAL INFORMATION FORM**

Child's Name: \_\_\_\_\_

Child's School: \_\_\_\_\_

Grade : \_\_\_\_\_ Days Attending: \_\_\_\_\_

**PLEASE PRINT NAMES, RELATIONSHIPS, AND PHONE NUMBERS BELOW FOR ALL AUTHORIZED AND UNAUTHROIZED PERSONS TO PICK UP YOUR CHILD.**

**AUTHORIZED: (Name, relationship, phone or cell numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Authorized persons will be required to provide a picture ID at the time of pick-up. Staff will not release a child without proof of identification.

**UNAUTHORIZED: (Name, relationship, phone or cell numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**If there are any changes to this form, written notification must be made and give to staff. NO CHANGE WILL BE MADE WITHOUT THIS.**

**OTHER INFORMATION**

Any other important information you want us to be aware of in regards to your child:

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