

# Early Learning Campus

## EMERGENCY CONTACT INFORMATION / PICK UP RELEASE INFORMATION

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

### CONTACT INFORMATION

	CAREGIVER 1	CAREGIVER 2 (if applicable)
NAME		
HOME ADDRESS		
WORK ADDRESS		
EMAIL ADDRESS		
HOME PHONE CELL PHONE WORK PHONE		

**PLEASE LIST BELOW THE NAMES OF PERSONS TO WHOM ELC IS ALLOWED TO RELEASE YOUR CHILD, IF YOU ARE NOT AVAILABLE. A PHOTO OF EACH PERSON MARKED WITH THEIR NAME MUST ACCOMPANY THIS COMPLETED FORM.**

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_