

Alternate / Emergency Pick-Up Form

Child's Name: _____

This form is designed for immediate evacuation, emergency planning and alternate pick-ups. Please list (in order of contact) all names, including yourselves, and telephone numbers and driver's license numbers of individuals we may contact and to whom your child may be released in the event of an emergency. Alternate pickups must wait at the door until an Alphabet Academy staff member grants them access to the facility after receiving confirmation from the parent/guardian and verifying their driver's license. Alphabet Academy will not be held responsible for any missing or incorrect information.

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT



Alternate / Emergency Pick-Up Form cont.

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT

Name _____

Address _____

Home Phone _____ Mobile _____ Work Phone _____

Email: _____

Relationship _____

Driver's License Number _____ State _____

Circle one or both: ALTERNATE PICK-UP EMERGENCY CONTACT

Note: Please list one contact that lives outside of the immediate area; if local phone lines are disabled due to a catastrophe, it will be beneficial to list a contact out of the service area who can notify other family members.

Name _____

Address _____

Mobile _____

Home Phone _____ Work Phone _____

Parent Signature _____ Date _____

