



Summer Play Days (SPD)



Additional Authorized Pickup Person(s) & Emergency Contact Form*

PARENT NAME _____ **DATE** _____

CONTACT/PICK UP

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Relationship to Child _____ Home Phone _____

Occupation/Employer _____ Cell Phone _____

Email _____ Work Phone _____

Emergency Contact

Authorized to pickup the following children: _____

CONTACT/PICK UP

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Relationship to Child _____ Home Phone _____

Occupation/Employer _____ Cell Phone _____

Email _____ Work Phone _____

Emergency Contact

Authorized to pickup the following children: _____

CONTACT/PICK UP

First Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Relationship to Child _____ Home Phone _____

Occupation/Employer _____ Cell Phone _____

Email _____ Work Phone _____

Emergency Contact

Authorized to pickup the following children: _____

SIGNATURE OF PARENT/GUARDIAN

Parent/Guardian Name _____ Date _____

**Parent/Guardian will always be called first*