

Education Station & Preschool

Additional Pick-up Persons

Student Information

Full Name: _____ Date of Birth: _____ Sex: _____

Last	First	Middle	Nickname

Authorized Pick-up Persons

Please list any additional people who are authorized to pick up your child other than the emergency contacts listed on your child's enrollment form. A complete physical address is required for anyone listed; however, these contacts may be within any distance of ES&P.

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Primary Phone: _____ Other: _____	Primary Phone: _____ Other: _____

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Primary Phone: _____ Other: _____	Primary Phone: _____ Other: _____

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Primary Phone: _____ Other: _____	Primary Phone: _____ Other: _____

Full Name: _____	Full Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Primary Phone: _____ Other: _____	Primary Phone: _____ Other: _____

I authorize any of the persons listed above to pick up my child from Education Station & Preschool, LLC.

Parent/Caregiver Signature

Date