Emergency Contact/Authorized Pick-Up

_____
Childs Full Name

_____
Childs Birthdate

Parent 1

_____
Name

Parent 2

_____
Name

_____
Place of Employment

_____
Place if Employment

_____ _____
Phone Number   Work Number

_____ _____
Phone Number   Work Number

_____
Email

_____
Email

Emergency Contact 1

_____
Name

Emergency Contact 2

_____
Name

_____
Phone Number

_____
Phone Number

_____
Relationship

_____
Relationship

Authorized to Pick Up ☐

Authorized to Pick Up ☐

I authorize Bee Loved Preschool to release my child from the Bee Loved premises with the individuals listed above. Under no circumstance will my child be released to another individual without written documentation from the child's parent/guardian. It is my responsibility to keep Bee Loved updated on any changes.

_____
Parent/Legal Guardian Signature

_____
Date