

F. Other Adults Living in the Home:

NAME

RELATIONSHIP

1. _____

2. _____

G. Persons Authorized To Pick Up Child:

NAME

ADDRESS

PHONE#

RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

H. Who To Contact In An Emergency:

NAME

ADDRESS

PHONE#

RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Signature

Date