

# Emerging Minds Montessori Academy

## Additional Pick Up and Contact Form

Student Enrollment Information 2024-2025

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Emergency Contacts And/Or Pick Up Contacts

The student will only be released to the custodial parent, legal guardian, and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if the custodial parent or legal guardian cannot be reached. Please list in order of call preference. **Custodial parents and/or legal guardians do not need to be listed here.**

Name:	Cell#:	Work#:	Home#:	Relationship:	___ Emergency Contact  ____ Pick Up Contact
Name:	Cell#:	Work#:	Home#:	Relationship:	___ Emergency Contact  ____ Pick Up Contact
Name:	Cell#:	Work#:	Home#:	Relationship:	___ Emergency Contact  ____ Pick Up Contact
Name:	Cell#:	Work#:	Home#:	Relationship:	___ Emergency Contact  ____ Pick Up Contact
Name:	Cell#:	Work#:	Home#:	Relationship:	___ Emergency Contact  ____ Pick Up Contact

I agree to add the additional contacts to the above student's file.

X \_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date