



Little Acorns Preschool

1078 Egypt Road, P.O. Box 874

Oaks, PA 19456-0874

610.666.6766 little-acorns-preschool.com

CHILD PICK UP FORM

Child's Name - _____

Home Phone Number - _____

Parent Name - _____ Parent Name - _____

Cell Number - _____ Cell Number - _____

Please include anyone you might call if there is an emergency pick up needed, such as another parent in school, a friend, or neighbor. Please inform these people that you have listed them with us.

Name - _____ Name - _____

Relationship to Child - _____ Relationship to Child- _____

Home Number - _____ Home Number - _____

Cell Number - _____ Cell Number - _____

Name - _____ Name - _____

Relationship to Child - _____ Relationship to Child- _____

Home Number - _____ Home Number - _____

Cell Number - _____ Cell Number - _____

Signed _____

Date: _____

PEOPLE LISTED ON YOUR CHILD'S EMERGENCY CONTACT FORM ARE AUTHORIZED TO PICK UP THE ABOVE-NAMED CHILD. WE WILL NOT ALLOW A CHILD TO LEAVE WITH ANY PERSON NOT ON THIS LIST OR THE EMERGENCY CONTACT FORM UNLESS YOU HAVE PROVIDED A SEPARATE SIGNED NOTE OR PHONE CALL.