

STUDENT PICK-UP LISTING FORM



Please list below the family members/friends who you authorize to pick up your child from program

STUDENT'S NAME: _____

Name	Relationship to Child	Phone Number	First Time ID Confirmation SC Initial

In the event of an emergency, you can authorize by phone, a non-listed person to pick up your child using an 'emergency' word

Please indicate below the emergency word you would like to use. It can be a word, name, a number code etc. If a non-listed person attempts to pick up your child, we will call you and ask for this 'emergency' word. We will not release your child to an unlisted person without this 'emergency' word. **PLEASE DO NOT SHARE THIS EMERGENCY WORD WITH YOUR CHILD OR ANYONE OTHER THAN THE PARENTS OR GUARDIANS LISTED ON THE ASAS REGISTRATION FORM**

MY EMERGENCY WORD IS: _____

Parent/Guardian Signature

Print Name

Date