

St. Luke's Little School EMERGENCY CONTACT FORM SAFE PICKUP LIST



Child's Last Name	Child's First Name	DOB	Gender
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Emergency Contacts/Safe Pickup Other than Parents (someone local i.e. friend, neighbor, or relative)

Name 1	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 2	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 3	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Name 4	Relation to Child	Email
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Phone	Address	Safe to pick up?
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Will this person pick up the child on a regular basis (once a week or more) and need their own check-in code? ____ Yes ____ No

Parent/Guardian Signature	Date
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