

**Temple Christian School**  
Emergency Contact & Pick Up Authorization Form  
2017-18

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade \_\_\_\_\_ Child resides with \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Stepfather's Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Cell No. \_\_\_\_\_ Work No. \_\_\_\_\_

**People who have authorization to pick up my child at Temple Christian (please include yourself and their relationship):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**People who DO NOT have authorization to pick up my child at Temple Christian and their relationship:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Only the following person(s) may change the above information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Please note: We will change information on this sheet in only two ways:**

1. By the parent, IN PERSON, at our office.
2. By phone call with Personal Security Code ONLY. (If you would like to have a Personal Security Code for your child on file in our office, please come IN PERSON and speak with our school secretary.)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_