Providing Learning, Understanding and Support--after school!

YouthNet SOMS PLUS

Providing Learning, Understanding and Support--after school!

YouthNet MMS PLUS

AFTER SCHOOL EMERGENCY/ALTERNATE PICK-UP INFORMATION

PLEASE PRINT

CHILD'S NAME _____ Location: ___ MMS ___SOMS

You must list at least two local adults who are ***not*** household members who can be called to pick up your child in case of **EMERGENCY**. We will need their current address and daytime phone number.

EMERGENCY PICK-UP
Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

EMERGENCY PICK-UP
Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

Please list any and all **ALTERNATE** (non-parent) persons who may pick up your child from YouthNet SOMS Plus or YouthNet MMS Plus After School Program during the 2011/2012 school year. We recommend that persons designated to pick up your child be of high school age or older. Parents *do not* need to be included on this form.

ALTERNATES
Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

ALTERNATES
Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

Name _____
Address _____
City _____ **Phone** _____
Relationship to Child _____

All persons listed on this form will be asked to provide identification to YouthNet staff and sign out your child prior to their release. Any changes will require the submission of an additional form. Only custodial parents have the right to complete or change this form.

_____ _____ _____

Print Parent Name | Parent Signature | Date