



# EXTENDED CARE INFORMATION

FATHER'S INFORMATION	
Father's Name	
Father's Home Phone	
Father's Cell Phone	
Father's Work Phone	
MOTHER'S INFORMATION	
Mother's Name	
Mother's Home Phone	
Mother's Cell Phone	
Mother's Work Phone	

AUTHORIZATION FOR PICK UP	NAME	PHONE
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
Individual Authorized for Pick Up		
<b>AUTHORIZED PERSON MUST SHOW IDENTIFICATION IN ORDER TO PICK UP</b>		

Please print your child(ren)'s name, grade, and record the expected time of pick up on the days your child(ren) will be attending the *Eagles' Nest*.

NAME OF STUDENT	GRADE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY