



Pro-Kids Emergency Contact Information

Mother's Name (print) _____

Home #: _____ Cell #: _____

Work #: _____

E-Mail: _____

Father's Name (print) _____

Home #: _____ Cell #: _____

Work #: _____

E-Mail: _____

Home Address _____

City _____ State _____ Zip _____

Please list the names of people you authorize to drop off and pick up your child.

1. _____

2. _____

Mother's Signature _____ Date _____

Father's Signature _____ Date _____