



HALPIN

EARLY CHILDHOOD CENTER

STUDENT NAME _____

TEACHER _____

EMERGENCY INFORMATION

PLEASE LIST ALL PERSONS WHO HAVE PERMISSION TO PICK UP YOUR CHILD:

PICTURE I.D. REQUIRED AT TIME OF PICK UP.

	NAME	RELATIONSHIP	TELEPHONE NUMBER	TEXAS DRIVERS LICENSE
1.				
2.				
3.				
4.				
5.				

PARENT SIGNATURE

HOME TELEPHONE NUMBER

EMERGENCY TELEPHONE NUMBER

DATE