



# Kanawha County Schools Community Education Program Child Care Family Registration Form

## EXTRA PICK UPS FORM

### Name of Child(ren)

Child #1 Full Name	Child #2 Full Name	Child #3 Full Name
--------------------	--------------------	--------------------

Contact/Pickup #6 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (Street, City, State Zip): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Please mark all that apply:  
 Emergency Contact  
 Authorized to pick up the following children: \_\_\_\_\_

Contact/Pickup #7 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (Street, City, State Zip): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Please mark all that apply:  
 Emergency Contact  
 Authorized to pick up the following children: \_\_\_\_\_

Contact/Pickup #8 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (Street, City, State Zip): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Please mark all that apply:  
 Emergency Contact  
 Authorized to pick up the following children: \_\_\_\_\_

Contact/Pickup #9 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (Street, City, State Zip): \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Please mark all that apply:  
 Emergency Contact  
 Authorized to pick up the following children: \_\_\_\_\_