

# Alternative Pick Up

*PLEASE INDICATE BELOW IF THE TIME STATED FOR ALTERNATIVE PICK UP MUST NOT DEVIATE.*

Child/ren's Name/s: \_\_\_\_\_

Class: I T P 3B H TB C K SA

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_ PM / AM

Please call me at the following number \_\_\_\_\_ before releasing my child  
when the person named on this form arrives earlier or later than indicated.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phoned in at \_\_\_\_\_ Office initials \_\_\_\_\_