

**St. Ambrose Extended Care Program  
314-772-1437 Ext. 147  
Pick-up Authorization/Emergency Contacts**

**Please list ALL persons (including parents/legal guardians) who will be picking up your child(ren) from Extended Care. Children will not be released to anyone not on this list. Phone permission will not be accepted as a way of permission for a child to be released to someone not on this list. If there are any changes to this form, they must be submitted in writing, by a parent/legal guardian, in a timely fashion. (Please use the back of sheet for additional names.)**

Child(rens) Name(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_

**In case of an emergency please contact first: \_\_\_\_\_ Mother \_\_\_\_\_ Father**

**Mother's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_**

**Father's Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_**

Name	Relationship	Phone #'s (please include all #'s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent/Legal Guardian Signature \_\_\_\_\_**