



OTHER AUTHORIZED GUARDIAN

Date: _____

LEGAL GUARDIAN Information

Name: _____

Cell Phone: (____) ____ - _____

OTHER AUTHORIZED GUARDIAN Information

Name: _____

Relationship to Children: _____

Cell Phone: (____) ____ - _____ Verizon Texting? Yes No

Skip the rest only if you are sure their Household is already registered in our system:

Email: _____

Street: _____

City/State/Zip: _____

Names of Children in your Household who this Other Authorized Guardian has your permission to pick up:

1: _____ 2: _____

3: _____ 4: _____

Authorized Start Date: _____ **End Date:** _____