

# Supplemental Form

Please complete this form in its entirety for each person that will be picking up your child. It is require for kiosk setup.

**\*\*\*SUBMIT THIS FORM FOR EACH PERSON THAT MAY BE PICKING UP YOUR CHILD\*\*\***

**\* Required**

**Child's First & Last Name**

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**Best Method for Contact \***

Provide the best method to contact the person listed above

- Cell Phone
- Text Message
- Email
- Home Phone

**Parent's Email Address**

Please provide email address if not previously submitted

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**Parent's / Authorized Pick Person's Name \***

Provide name of the person that may pickup your child.

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**Last four digits of Driver's License or ID \***

Provide last four digit of id that will be presented by persons picking up child

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