

**LEGACY LEADERSHIP ACADEMY**  
**Contacts and Pick Up Authorization Form**  
**2017-18**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Mom's Work/Cell: \_\_\_\_\_ Dad's Work/Cell: \_\_\_\_\_

Please list individuals who have permission to pick up your child from LLA in the event that either parent cannot do so.  
Please let your child's teacher know if your child is to be picked up by someone other than yourself.

1<sup>st</sup> Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

3<sup>rd</sup> Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

ID will be required of anyone who is not a parent. If there is anyone who should NOT pick up your child, please speak with the Director personally.

Parent Signatures: \_\_\_\_\_  
Mother Father

