



## Keewaydin Discovery Center Adult Contact Form

Child's Name: \_\_\_\_\_ School Year: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

Adults (16 and over) who are authorized to pick up my child from school and the bus:

Name	Relationship to Child	Phone Number

\*Proof of identification will be required

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_