

**The Peacock's Plume Company**  
**Pick-Up Form In Addition To Annual Enrollment Agreement**  
**Childs Name \_\_\_\_\_ Date: \_\_\_\_\_**

**AUTHORIZED PICK-UP INFORMATION**

List at least two individuals, OTHER than parents/guardians, who are authorized to pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subdivision \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Personal E-mail address \_\_\_\_\_ Business E-mail address \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subdivision \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Personal E-mail address \_\_\_\_\_ Business E-mail address \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Subdivision \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Personal E-mail address \_\_\_\_\_ Business E-mail address \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have read and understand the above statements. I will abide by the rules and regulations of The Peacock's Plume.

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_