

C.C.A. CALL-IN CODE / DESIGNATED CONTACTS & PICK-UPS

Name of Student: _____ Grade: _____

Who will primarily bring the child to school? _____

Who will primarily pick up the child from school? _____

CALL-IN CODE

The call-in code is used for the protection of your child. In the event you need to call **CELINA CHRISTIAN ACADEMY** with instructions for your child's release to any individual other than yourself, we will ask for this call-in code to verify that you are the child's parent. We suggest using a familiar PIN or the last four digits of your social security number.

Call-In Code: _____

If I cannot be reached in the event of an emergency, an illness, or my child is left after school hours, **CELINA CHRISTIAN ACADEMY** has permission to contact the following person(s) to pick up my child. **NOTE: Please list these contacts in the order you prefer us to call them. You must list at least TWO contacts. ALL information MUST be provided. Please use only LOCAL contacts who would be available. All addresses must be PHYSICAL addresses and not post office boxes. Your child will not be released to anyone other than those listed by you. In the event that no one can be contacted, the administrator will act in your child's best interest. A NOTE WILL NEED TO BE SENT TO SCHOOL ANYTIME A CHANGE IN THE NORMAL PICK-UP ROUTINE IS NECESSARY. Please keep this list current by stopping by the CCA Office to amend as necessary.**

1. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

2. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

3. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

4. Name: _____ Relationship: _____

Address: _____
(street) (city) (state) (zip)

Telephone: _____ Cell Phone: _____

Driver's License No.: _____ State: _____

I understand that I will be assessed a late pick-up fee of \$5.00 for each 15-minute segment that I or my designated contacts fail to pick-up my child after 3:05 p.m.

Signature of Father / Legal Guardian

Date

Signature of Mother / Legal Guardian

Date