



PICK-UP AND DROP-OFF INFORMATION SHEET

Child's Name: _____ DOB: _____

CFA Location of Treatment: 2801 Grant Avenue 3905 Ford Road

Pick Up:

Home Daycare Relative Other

If Home, Contact Person: _____
Address: _____ Telephone: _____

If Day Care, Name of Facility: _____
Contact Person: _____
Address: _____ Telephone: _____

If Relative, Name of Relative: _____
Relationship to Child: _____
Address: _____ Telephone: _____

If Other, Please Clarify: _____
Relationship: _____
Address: _____ Telephone: _____

Drop Off:

Home Daycare Relative Other

If Home, Contact Person: _____
Address: _____ Telephone: _____

If Day Care, Name of Facility: _____
Contact Person: _____
Address: _____ Telephone: _____

If Relative, Name of Relative: _____
Relationship to Child: _____
Address: _____ Telephone: _____

If Other, Please Clarify: _____
Relationship: _____
Address: _____ Telephone: _____

Important: If your childcare arrangements will be unavailable, you must make arrangements to meet the school bus/van at the normal pick up/drop off location on these dates.

Parent Signature: _____ Date: _____