M.A.P. Parent Information & Authorized Pick Ups

Student's Primary Address: _____ APT._____ CITY_____ ZIP _____

PRIMARY PAYER:

Name: _____ **Relationship** _____

Cell _____ Other _____ **Email**_____

ADDITIONAL PARENT/GUARDIANS: (check the box next to any additional payers on the account)

❒ **Parent/Guardian #2** _____ **Relationship** _____

Cell _____ Other _____ **Email**_____

❒ **Parent/Guardian #3** _____ **Relationship** _____

Cell _____ Other _____ **Email**_____

EMERGENCY CONTACT LIST: (Different than parent/guardian above)

If parents cannot be reached, student may be released to the following adults in case of emergency or illness.

Name	Phone Number	Relationship

(Authorized Persons may only be added/removed at the request of the Parent/Guardian)

This person is **UNAUTHORIZED** to pick up student(s): _____

Natomas Pacific Pathways Prep
Mateys **A**fter-school **P**rogram
4400 East Commerce Sacramento, CA 95834
Director: Eugene Felise **Email:** Efelise@natomasunified.org **Phone:** 916.575.7557 ext 133