

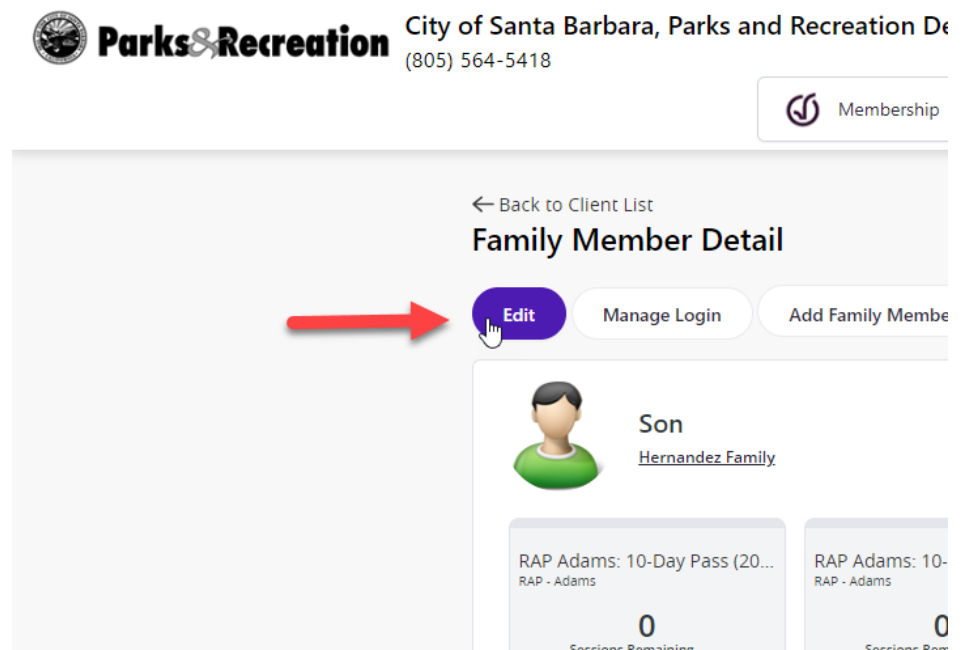
Emergency Contact/ Authorized Pick-up

To add additional people to your emergency and authorized pickup list, follow the instructions below:

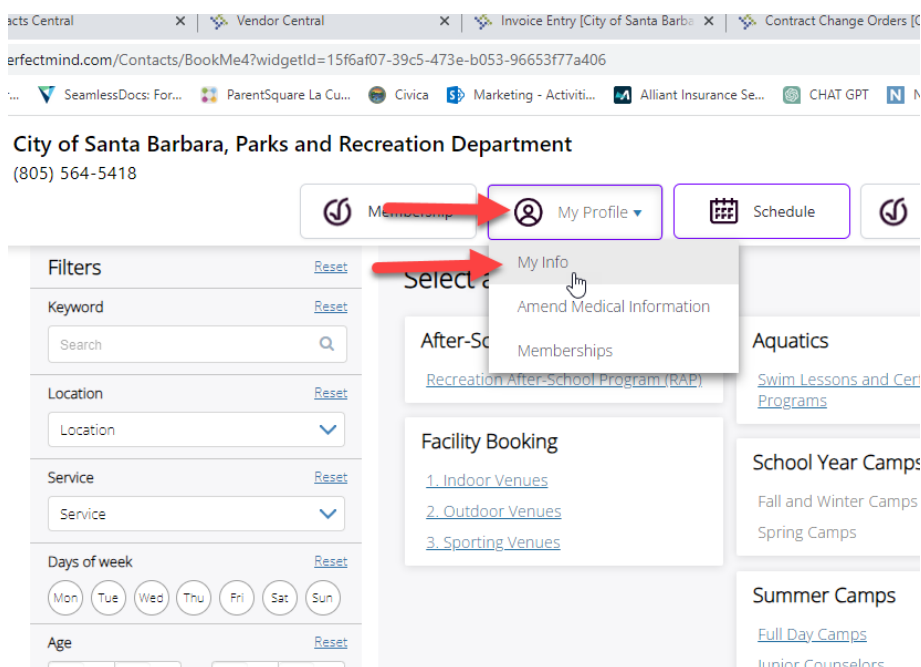
Step 1: Log-in your PerfectMind Account



Step 4: Click on the *Edit* button

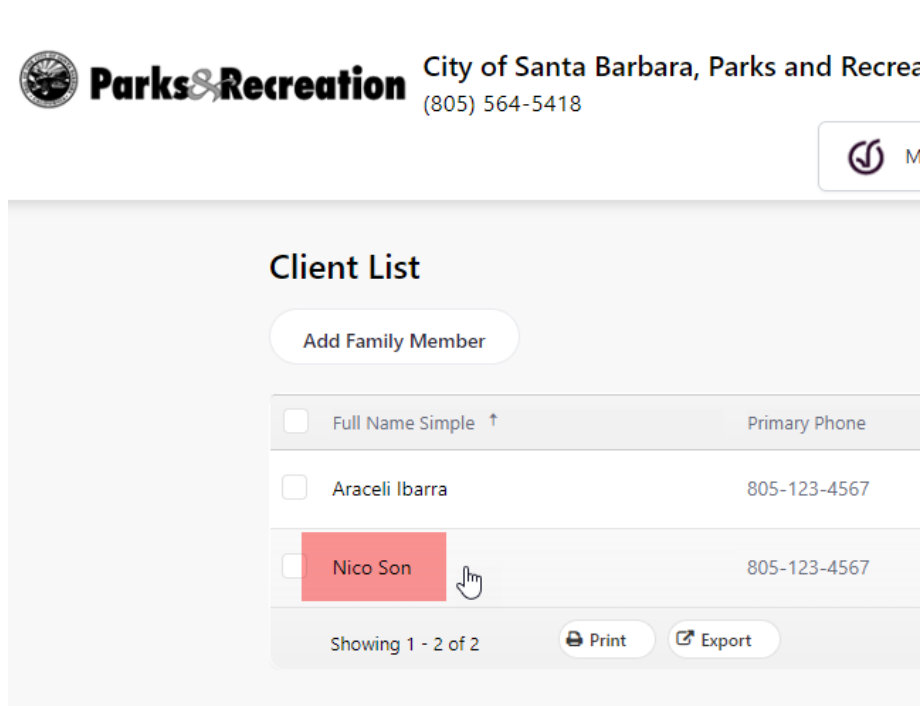


Step 2: Go to *My Profile* and click on *My Info*



Step 5: You can add 4 contacts of your choice. Your first contact should be someone other than the primary account holder.

Step 3: Click on your child's name



Emergency Contacts / Authorized Pick Up Persons

| | | | |
|--|---------------------------------------|---|---------------------------------------|
| <input type="text"/> First Contact First Contact Phone First Contact Relation Father | Required Required Required ▼ | <input type="text"/> Second Contact Secondary Phone Second Contact Relation Grandmother | Required Required Required ▼ |
| <input type="text"/> Third Contact Third Contact Phone | Required Required | <input type="text"/> Fourth Contact Fourth Contact Phone | Required Required |

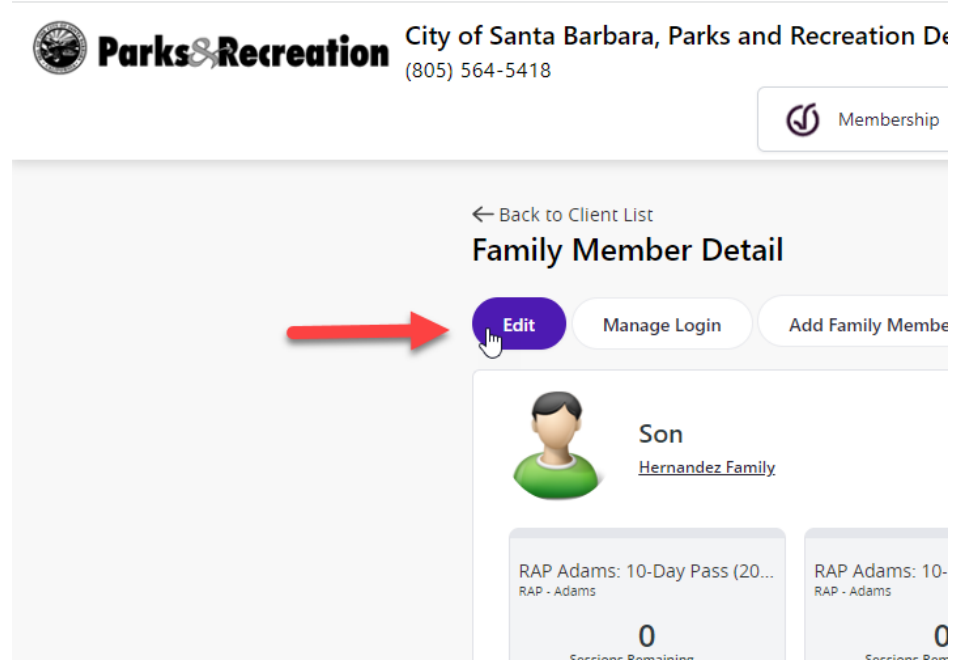
Contacto de emergencia / Recogida autorizada

Para agregar personas adicionales a su lista de recogida autorizada y de emergencia, siga las instrucciones a continuación:

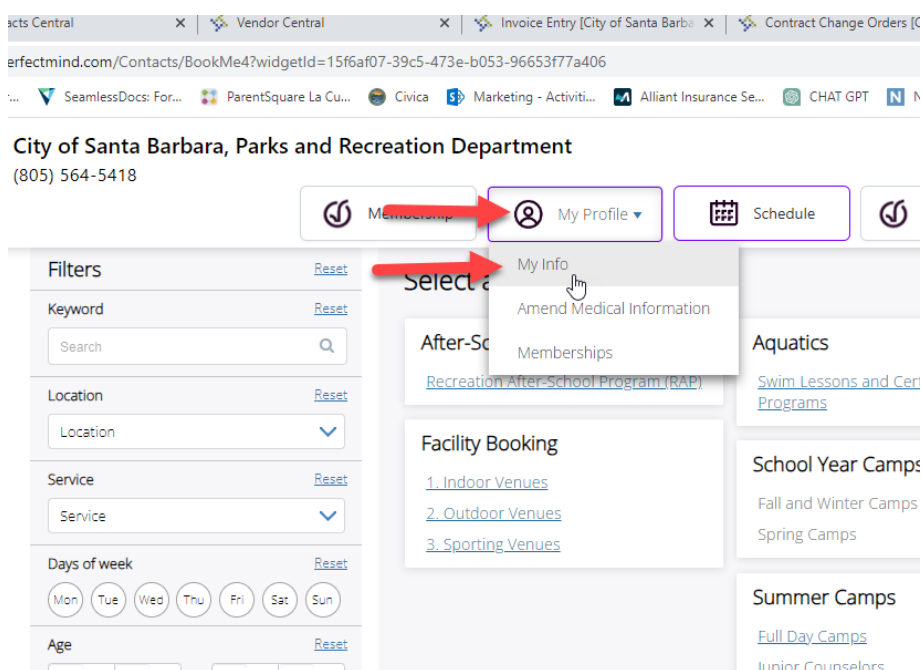
Paso 1: inicie sesión en su cuenta PerfectMind



Paso 4: Haga clic en el botón *Editar* (Edit)

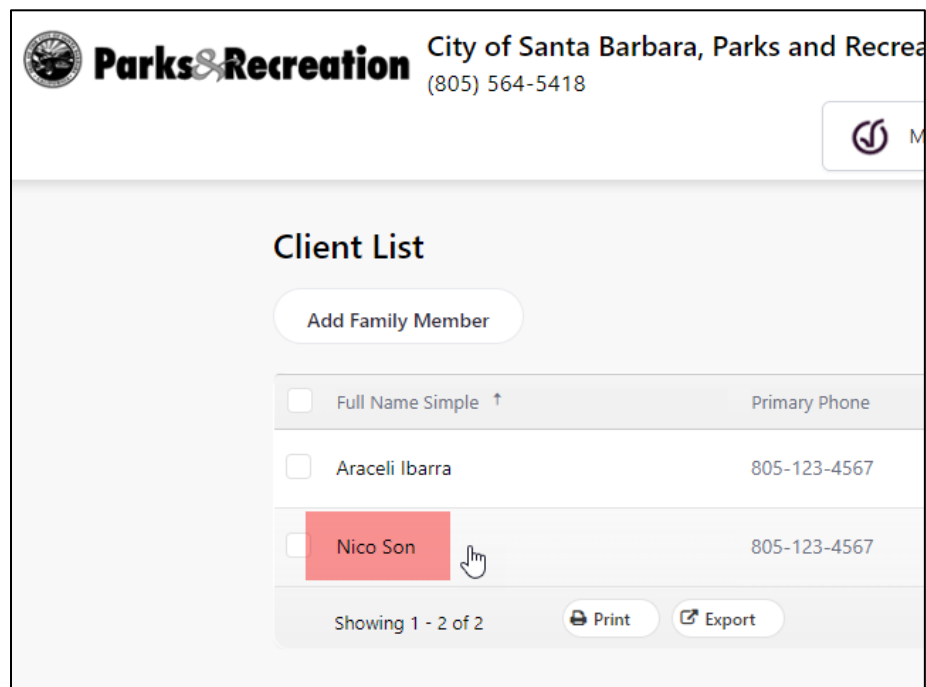


Paso 2: Ve a *Mi perfil* y haz clic en *Mi información*



Paso 5: Puede agregar 4 contactos de su elección. Su primer contacto debe ser alguien que no sea el titular principal de la cuenta.

Paso 3: Haga clic en el nombre de su hijo



| Emergency Contacts / Authorized Pick Up Persons | |
|--|--|
| <input type="text" value="First Contact"/> Required | <input type="text" value="Second Contact"/> Required |
| <input type="text" value="First Contact Phone"/> Required | <input type="text" value="Secondary Phone"/> |
| <input type="text" value="First Contact Relation"/> Required | <input type="text" value="Second Contact Relation"/> |
| <input type="text" value="Father"/> | <input type="text" value="Grandmother"/> |
| <input type="text" value="Third Contact"/> | <input type="text" value="Fourth Contact"/> |
| <input type="text" value="Third Contact Phone"/> | <input type="text" value="Fourth Contact Phone"/> |