

## Authorized Person Pick Up Form

Name of child(ren)	):	
pick up the at Montessori is	bove named child(ren) at any	my child(ren) into the care of the
	Authorized Pick-u	p Person:
Name:	Relationship to ch	ild: Phone number:
1		
2		
4		
I understand t	hat:	
	up person must be at least 18 shoto ld to the front office befo	B years old and may be asked to ore the child(ren) is released.
	norization shall remain in force ners of this authorization.	e until edited or rescinded by in writing
Authorized	l by:	Date:
Parent/Gua	ardian Signature:	

Parent/Guardian Signature: