

CHILDREN'S GARDEN MONTESSORI SCHOOL

PICK-UP AUTHORIZATION

Child's Name _____ Date _____

Parent's Signature _____

The following people adults (other than parents) are authorized to pick my child up from school. The first time a person picks up they are required to show identification.

1. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

2. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

3. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

4. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____

5. Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____