

**Child Pick-up Authorization Form (General)**

**For the 2016-2017 School Year**

*The following individuals are the legal parents/guardians of \_\_\_\_\_*

*And are authorized to pick up this student any time from school.*

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

*I give permission for my child to be released from Montessori Learning Center to the person(s) listed below in the event a parent/guardian cannot, like in the case of an emergency or illness. I understand that the staff may require this person to furnish Photo Identification before receiving my child.*

Authorized Individual \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized Individual \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized Individual \_\_\_\_\_ Phone Number \_\_\_\_\_

Authorized Individual \_\_\_\_\_ Phone Number \_\_\_\_\_

*If my child needs to be released to any other individual for any other reason, I will fill out a separate Child Pick-Up Authorization Form for these specific instances.*

Parent/Guardian (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Signature) \_\_\_\_\_

Received by Montessori Learning Center Staff on \_\_\_\_\_ by \_\_\_\_\_.