

PICK UP AUTHORIZATION FORM

Child's Last Name _____ First _____
Street Address _____
City _____ State _____ Zip _____

In order to insure the safety of each child enrolled in our school, it is important that we have an up to date list of all people to whom we may release your child. Please indicate below the name, address, telephone number and relationship of each and every person, including yourself, who may pick up your child. It is your responsibility to update this form as necessary. If possible, please include a recent photo of each person on the list. If your child attended last year, we still need you to complete this form.

Name _____ Relationship _____
Address (Street/City/State/Zip) _____
Telephone Numbers:
Home: _____ Cell: _____ Work: _____

Name _____ Relationship _____
Address (Street/City/State/Zip) _____
Telephone Numbers:
Home: _____ Cell: _____ Work: _____

Name _____ Relationship _____
Address (Street/City/State/Zip) _____
Telephone Numbers:
Home: _____ Cell: _____ Work: _____

Name _____ Relationship _____
Address (Street/City/State/Zip) _____
Telephone Numbers:
Home: _____ Cell: _____ Work: _____

I assume full responsibility for my child in route to and from West Hills Montessori.

Signature

Date