

PICK-UP & RELEASE AUTHORIZATION

I, _____, parent or guardian of _____,
(please print name of parent/gurdian) (please print child's full name)
understand that The Montessori School at Holy Rosary will release my child only to his/her biological parents, and those I list below. I also understand that any changes I make to the list of those authorized to pick-up my son/daughter must be in writing, signed, and dated by myself or another parent or legal guardian of my child. Additional changes to this list *cannot* be made by telephone. NO EXCEPTIONS.

Name of Authorized Person

Telephone Numbers

- | | |
|----------|------------------|
| 1. _____ | () _____ (home) |
| | () _____ (work) |
| 2. _____ | () _____ (home) |
| | () _____ (work) |
| 3. _____ | () _____ (home) |
| | () _____ (work) |
| 4. _____ | () _____ (home) |
| | () _____ (work) |
| 5. _____ | () _____ (home) |
| | () _____ (work) |
| 6. _____ | () _____ (home) |
| | () _____ (work) |

If needed, please use the back for additional names and telephone numbers

**When I sign-in each day, I will name the person who will pick-up my child. If there is a change, I will call the school and advise who will be picking up my child. I understand I must select another person from the list above.

**Unfamiliar people will be asked to show proof of their Identification, ie: showing their driver's license.

**I understand that without legal documentation to state otherwise, The Montessori School at Holy Rosary assumes the right to release the above-named child to either biological parent.

**I understand that any late pick-up fees assessed for my child being picked-up later than his/her program hours are my responsibility as the parent/guardian, regardless of who picked-up my child.

Signature of Parent/Guardian

Date