



WMS AUTHORIZED PICK UP FORM

Child's Name: _____
FIRST NAME LAST NAME

Date of Birth: _____ Home Phone: _____ - _____ - _____
MM / DD / YYYY

Parent Cell: _____ - _____ Parent Cell: _____ - _____

We, _____ and _____,
 the parents or guardians of _____ authorize the
 following people to pick our child up from Westside Montessori School:

ADULT'S NAME	RELATIONSHIP TO CHILD	CONTACT NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that my child will only be released to those I have listed here. If I need someone other than those on this list to pick-up my child, I understand that I am required to give a note or send an email to the school prior to the start of class time outlining the new person authorized to pick up my child.

Signed: _____ Date: _____