



Montessori Peaks Academy 2009-2010
AUTHORIZED PERSONS TO PICK-UP

My child/children _____

Their Teacher(s) _____

Are hereby given permission for Montessori Peaks Academy to release to the following:

Picture Identification will be asked 1st time picking up and if not recognized by Teachers or Staff

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Mother or Female Guardian Phone

Father or Male Guardian Phone

Individual/s NOT authorized to pick up my child/children:

Name Relationship Phone

Name Relationship Phone

Signature of parent or guardian Date