

Departure Release And Contact Authorization

In addition to the names that I have listed as Parent/Guardian on my child's Application, I authorize Montessori Country Day to release my child at any time, with or without prior notice, to any of the following persons and to contact these persons if I can not be reached in the event of illness or emergency. I agree to notify each person listed below, in advance, informing each that in order to pick up my child, a photo ID will be required. I also agree to familiarize each person with, and insure they abide by, the policies and operating procedures of Montessori Country Day.

Child's Name _____ Date of Birth _____

1. Name _____ Relationship to child _____

Home Phone _____

Work Phone _____

Cell Phone _____

2. Name _____ Relationship to child _____

Home Phone _____

Work Phone _____

Cell Phone _____

3. Name _____ Relationship to child _____

Home Phone _____

Work Phone _____

Cell Phone _____

4. Name _____ Relationship to child _____

Home Phone _____

Work Phone _____

Cell Phone _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____