



PICK UP AUTHORIZATION FOR _____

Child's Name

The following person/people are authorized to pick up my child from Top Hat Montessori. There are no other people who are authorized to pick up my child, and I understand that Top Hat Montessori will not release my child to anyone who is not on this list, other than a parent or guardian. This includes other relatives such as grandparents or siblings, who must be listed below if they are authorized to pick up my child. Note that anyone on this list who is not known to the teachers or staff may be asked to show ID before they can leave with your child.

Name:	Cell:
Address:	Home:
	Relationship:

Name:	Cell:
Address:	Home:
	Relationship:

Name:	Cell:
Address:	Home:
	Relationship:

Name:	Cell:
Address:	Home:
	Relationship:

Name:	Cell:
Address:	Home:
	Relationship:

Parent/Guardian Signature

Date