St. Philomena
MONTESSORI SCHOOL

Pick Up Release Authorization Form

I. Personal Information (please print) Today's Date: ____/____/_____

Child's Name: _____ Age: _____

Parent/Guardian Names: _____

Home Phone: _____ Cell Phone(s): _____

Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child

Please note that children must be picked up by designated times. If an authorized adult is unable to be reached, program members may contact the local police department as a last resort to take your child home. If you are not at home, your child will be released to the Division of Family and Children Services.

Signature of Parent or Guardian: _____

Parent or Guardian Name: _____

*Please note that only the enrolling parent will be permitted to complete this form

"EDUCATION, ANCHORED IN FAITH"

Saint Philomena Montessori - 9377 State Route 119 W - Anna, Ohio 45302
937-394-3823