

The Montessori Children's House

400 Cloverdale Drive
Council Bluffs, IA 51503
Phone (712) 325-8346

Pick Up Permission Form

Child's Full Name _____

I, _____ (Parent/Guardian) give permission for my child to leave school with the persons named below. I understand that it is my responsibility to notify the center, in writing, of any changes.

Name	Relationship	Phone Number
	(Mother)	
	(Father)	
	(Emergency Care Person)	

If there is a separation or divorce custody issue of which we should be aware, please explain:

Names of persons who **MAY NOT** pick up the child:

Date

Signature of Parent/Guardian