

Adventure Montessori Learning of Lafayette

Pick-up Authorization 2011 – 2012 School Year

We only release your child to the people listed below.

Please update this information as needed by submitting any changes in writing to the school office. Last minute changes / additions may be emailed to:

eva@adventuremontessori.com

STUDENT'S NAME: _____

ADDRESS: _____

I authorize the following persons to pick-up my child:

1. Name: _____ Phone # _____

Address: _____

2. Name: _____ Phone # _____

Address: _____

3. Name: _____ Phone # _____

Address: _____

4. Name: _____ Phone # _____

Address: _____

5. Name: _____ Phone # _____

Address: _____

6. Name: _____ Phone # _____

Address: _____

7. Name: _____ Phone # _____

Address: _____

Parent Signature

Date