



COMMUNITY MONTESSORI

2117 Union Street ▪ Schenectady, NY 12309

PICK-UP AUTHORIZATION FORM

I hereby give permission for my child, \_\_\_\_\_, to be picked up by the following adults at the end of the school day  and/or in an emergency situation if I am unavailable :

- 1. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(phone number(s))
2. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(phone number(s))
3. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(phone number(s))
4. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(phone number(s))

I understand that an individual on this list will be asked for photo identification before my child will be released if that individual is not known personally by RiverRun staff.

I understand that I must provide written notification if anyone not listed above will be picking up my child from school and that photo identification will be requested if that individual is not known personally by RiverRun staff.

My child may not be released to the following adults:

- 1. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(any information you'd like to add)
2. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship to child)
(any information you'd like to add)

This permission is granted for as long as the aforementioned minor child is a student at RiverRun or until a new Pick-Up Authorization Form is submitted.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know as soon as possible if any of this information changes.