



LEWINSVILLE MONTESSORI

Release of Custody

Name of Child _____

Date of Birth _____

I authorize the following people to pick up my child from Lewinsville Montessori School, and understand that my child cannot and will not be released to anyone else (except emergency medical or civil personnel) without my expressed verbal or written permission:

1. _____ relationship _____ phone number _____
2. _____ relationship _____ phone number _____
3. _____ relationship _____ phone number _____
4. _____ relationship _____ phone number _____
5. _____ relationship _____ phone number _____

These names are the same and are inclusive of those people I have asked to be contacted for emergency situations should I or my spouse be unavailable or unable to be reached: Yes _____ No _____

Names and ages of brothers and sisters and/or others living in our home:

	<u>Name</u>	<u>Ages</u>	<u>Relationship with child</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

The following people are not given authorization to pick up my child

(Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child):

1. _____ relationship _____
2. _____ relationship _____

Signature: Mother _____ Date _____ Witness _____

Father _____ Date _____ Witness _____