



Watson Hall Montessori School

Authorization for Pick-up

Student(s): _____

My child(ren) will be picked up **every day** by the following individual:

Name (print): _____

Address: _____

Phone: _____ Relation: _____

My child(ren) will be picked up **every (circle)** – **Mon. Tues. Wed. Thurs. Fri.** by the following individual:

Name (print): _____

Address: _____

Phone: _____ Relation: _____

In case of **unforeseen events** and my child needs to be picked up by someone other than myself of the above designated individual(s), the following person may serve as an alternate to occasionally pick up my child/ren:

1) **Name (print):** _____

Address: _____

Phone: _____ Relation: _____

2) **Name (print):** _____

Address: _____

Phone: _____ Relation: _____

I authorize my child to be picked-up from The Watson Hall Montessori School by the adults named above. I understand that these individuals will be asked for current identification before my child will be released to them. In the event of unforeseen events, I must call and provided my password to The Watson Hall School Administration prior to my child being released.

Parent/Legal Guardian(s)(print): _____ Day Phone: _____

Parent/ Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian (print): _____ Day Phone: _____

Parent/ Legal Guardian Signature : _____ Date: _____

Watson Hall Montessori School

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