



Child Dismissal Authorization

Name: _____

The following people have permission to pick up my child from the Montessori School of Schenectady:

1.) _____ Phone: _____

2.) _____ Phone: _____

3.) _____ Phone: _____

4.) _____ Phone: _____

I understand that those authorized to pick up may be asked to show ID to teachers the first time your child is dismissed to them. If ID is not shown your child will not be released and you will be contacted.

Parent/Guardian Signature: _____

Date: _____