



25700 West Ten Mile Road ~ Southfield, Michigan 48033
Phone (248) 353-7253 Fax (248) 353-7252 ~ Email: info@forkidssakemontessori.com

Authorization for Pick Up 2010-2011

Child's Name _____

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Relationship:	Relationship:
Place of Business:	Place of Business:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

Name:	Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Relationship:	Relationship:
Place of Business:	Place of Business:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

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Home Phone:	Home Phone:
Relationship:	Relationship:
Place of Business:	Place of Business:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

I hereby authorize the people, listed above, to pick up my child, _____, from school. I understand that the staff of For Kids' Sake Montessori (FKSM) is required to check the drivers' licenses of anyone picking up a child with whom the staff member is not familiar. The staff of FKSM is required not to release any child to any adult without written permission and proper identification.

Parent(s) or Guardian(s)

Signature _____

Date: _____