



THREE RIVERS MONTESSORI SCHOOL

Parent Permission for Child Pick Up

Child's Name: _____

Please list the name and phone number of each individual permitted to pick up your child.

A picture ID will be required for child pick-up when it is not the child's primary caregiver, mother or father.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

6. _____ Phone _____

Please notify the school no later than 1:30 pm if a child's drop off or pick up arrangements change by sending an email to: ATTENDANCE@THREERIVERSMONTESSORI.ORG

Parent/Guardian Printed Name(s)

Parent/Guardian Signature(s)

Date