



Montessori of Alameda 21st Century School
Maria's Place
Kid's on the Go



AUTHORIZED PICK-UP PERSON

Child's Name: _____ **Classroom:** _____

Program: Infant & Toddler Preschool/Kindergarten/Primary **Location:** MOA MP Prescott MP Morris

I, _____ (parent/s name), am authorizing the person/s named below to pick up my child with the corresponding timeframe request mentioned below. I am aware that MOA has the authority to check any ID at any given time in order to meet the schools standards for safety.

Name: _____ Relation: _____ Phone: _____ Once, on _____ Anytime

Name: _____ Relation: _____ Phone: _____ Once, on _____ Anytime

Date: _____ Parent's Signature: _____



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