



Montessori School at Five Canyons
22781 Canyon Ct., Castro Valley, Ca 94552
Telephone: (510) 581-3729; Fax: (510) 581-6824

Child Pick-Up Authorization

I give permission for _____ (Name)
to pick up my child _____ (Name)
on _____ (Date), at _____ (Time).

She/he is identified by a photo id card and will show identification when picking up my child.

Signature of parent or guardian

Date

American Montessori Society-Affiliated

ATTACH THIS COMPLETED FORM TO YOUR CHILD'S SIGN-IN/OUT PAGE.