



Alexandria Montessori
School

CHILD RELEASE FORM 2023-2024

I/We _____ give permission for the following persons to pick up my child/children
(Parent or Legal Guardian)
_____ from Alexandria Montessori School. This includes After School Care.
(Name of child/children)

1) Name _____
Phone # _____
Relationship
to child _____

2) Name _____
Phone # _____
Relationship
to child _____

3) Name _____
Phone # _____
Relationship
to child _____

4) Name _____
Phone # _____
Relationship
to child _____

5) Name _____
Phone # _____
Relationship
to child _____

6) Name _____
Phone # _____
Relationship
to child _____

If for some reason another person will pick up my child/children, I will send a note or call and notify a member of the staff of the change. I understand that a written note is required for persons picking up my children that are not listed above.

Parent/Guardian Signature

Date