

DEPARTURE RELEASE AND CONTACT AUTHORIZATION

IN ADDITION to the names that I have listed as Parent/Guardian on my child's application, I authorize Montessori Footprints Learning Center to release my child at any time, with or without prior notice, to any of the following persons, and to contact these persons if I cannot be reached in the event of illness or emergency. I agree to inform each person listed below, in advance, that a photo ID will be required in order to pick up my child. I also agree to familiarize each person with, and ensure they abide by, the policies and operating procedures of Montessori Footprints Learning Center.

AUTHORIZED PERSONS:

Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____

Name: _____ **Relationship to Child:** _____

Cell Phone: _____ **Work Phone:** _____

X _____
Signature of Parent/Guardian

Sign Date

Enrollment Date