



Bridges Montessori Academy

Pick- up List

Please list anyone authorized to pick up your child from school. It is not necessary to list yourself or your spouse on this form. This form will be kept on file in the office as reference for staff members involved in receiving or dismissing your child. Please inform the office promptly of any changes. Children will be released only to those you have authorized in advance.

(Child's Name) _____ may be picked up by the following persons:

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____

Name _____ Cell # _____

Please list any person who is NOT to have contact with this child:

Parent/Guardian _____ Date _____