



## Authorization and Release Form

I hereby authorize Weymouth Montessori Pre-School to release my child to the following persons other than parents:

1. Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Description \_\_\_\_\_

2. Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Description \_\_\_\_\_

3. Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Description \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please sign even if no authorization for pick-up other than yourself.