



AMERICAN
MONTESSORI
ACADEMY

WE ARE MONTESSORI

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RELEASE AUTHORIZATION

I, _____ (parent/legal guardian), of
_____ (child's name), do hereby authorize the release of my child to
the following people below. This includes the regular members of my carpool. Please include
grandparents, baby-sitters or neighbors who may pick up your child. Individuals listed below must
provide a state issued I.D. and be at least 18 years of age. I understand that my child will **not** be
released to anyone other than the person(s) listed below.

1. Name: _____
Phone number(s): _____
Relationship to child: _____
Address: _____

2. Name: _____
Phone number(s): _____
Relationship to child: _____
Address: _____

3. Name: _____
Phone number(s): _____
Relationship to child: _____
Address: _____

4. Name: _____
Phone number(s): _____
Relationship to child: _____
Address: _____

5. Name: _____
Phone number(s): _____
Relationship to child: _____
Address: _____

Child's Name: _____

Parent's Signature: _____

Date: _____