



**Authorized Pick up/Drop off List**

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the above listed people to pick up my child if I am unable to. I also authorize Watan Montessori ChildCare to contact any of the above people in case of an emergency and I am not able to be reached.

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

\_\_\_\_\_  
Date