



**MONTESSORI CENTRE  
OF BARRINGTON, INC.**

303 Sowams Road • Barrington, RI 02806 • Tel (401) 245-4754 • Fax (401) 289-2155

**PICK-UP PERMISSION FORM**

Child's full name \_\_\_\_\_

I HEREBY GIVE MY PERMISSION FOR MY CHILD TO LEAVE MONTESSORI CENTRE OF BARRINGTON WITH ANY OF THE PERSONS I HAVE LISTED BELOW.

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY MONTESSORI CENTRE OF BARRINGTON IN WRITING OF ANY CHANGES OF INDIVIDUALS WHO MAY OR MAY NOT PICK UP MY CHILD.

Name	Relationship	Age	Daytime Telephone

If there is a separation, divorce, or other custody issue we should be aware of, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person(s) who MAY NOT pick up my child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments or information we should have:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature