

The Eastside Montessori School
Early Pick-up/Authorized Pick-up/Note

CHILD'S NAME: _____ DATE: _____

Please choose:

___ I will pick-up my child at (time) _____ REASON: _____

___ My child will be picked-up today by (name) _____
(relationship) _____

REASON: _____

___ Note: _____

PARENT/GUARDIAN'S NAME: _____

SIGNATURE: _____ DATE: _____

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