



**Damariscotta Montessori School**  
93 Center Street ~ Nobleboro, Maine 04555  
Phone (207) 563-2168 ~ Email [dms@tidewater.net](mailto:dms@tidewater.net)

***Authorization for Pick Up 2007-2008***

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

<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

<b>Name:</b>	<b>Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Place of Business:</b>	<b>Place of Business:</b>
<b>Work Address:</b>	<b>Work Address:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

I hereby authorize the people, listed above, to pick up my child, \_\_\_\_\_, from school. I understand that if the staff of Damariscotta Montessori School (DMS) is required to check the drivers' licenses of anyone picking up a child with whom the staff member is not familiar. The staff of DMS is required not to release any child to any adult without written permission and proper identification.

Parent(s) or Guardian(s)

Signature \_\_\_\_\_

Date: \_\_\_\_\_