

Wellsboro Montessori Children's Center

1 Queen Street

Wellsboro, PA 16901

570-724-1060

Authorization for Child Pick-Up

Child's Name: _____ Date of Birth: _____

I authorize WMCC staff to release my child to the following individuals:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____ Date: _____