



Dismissal Authorization Form

Please list persons, other than parents, who will be picking up your child. Your child will be released only to those listed, unless a verbal message is given to Canton Montessori School staff in advance. Those individuals picking up children in place of parents will be asked to provide a photo ID.

Child's Name _____

Parent/Guardian Signature _____

Date _____

Please check here if only parents or guardians may pick up your child

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If you have any questions regarding these procedures, please contact the CMS office.

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