

FORM #9
Please complete
and return
ASAP

RAINBOW MONTESSORI SCHOOL
4 Madison Avenue | Madison, NJ 07940 | 973-377-0135
Academia and The Arts: Perfect Together



INDEFINITE ALTERNATE PICK-UP AUTHORIZATION & SUBSTITUTE GUARDIAN

I hereby authorize my child: _____ Group _____
to leave RMS with the following person on a regular basis during the school year: Only one person should be indicated.
Any other alternate pick-up persons should be put on a separate Alternate Pick-Up Form on an as needed basis.

Name: _____ Relationship: _____ Phone #: _____

Parent's Signature: _____

Parent's Phone # at pick up time: _____ Cell # _____