

Please Print Child's Name _____

Please Print Teacher's Name _____

**FOR ALL PLANNED AND UNPLANNED EARLY
DISMISSALS, MY CHILD WILL (Please circle only
one):**

1. FOLLOW HIS / HER BUS / WALK / PICK UP
PLAN (Circle One)

2. GO TO ALTERNATE CHILD CARE

Name

Address

3. BE PICKED UP

Parent Signature Date

Phone # Parent can be reached at: _____