COUNTRY DAY SCHOOL OF ARLINGTON
MONTESSORI PROGRAM
established 1959

Dismissal Instructions
2011-12

Child_____ Age_____ Teacher_____

Please select one: ☐ Toddler ☐ Transitional ☐ Primary ☐ Kindergarten ☐ First Grade

☐ My child will be picked up daily at dismissal time.

Names of persons regularly picking up your child:
(all MUST be listed with driver's license numbers on Student Information Sheet)

Name:_____DL#:_____Phone/Mobile Number:_____

Name:_____DL#:_____Phone/Mobile Number:_____

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Name:_____DL#:_____Phone/Mobile Number:_____

Name:_____DL#:_____Phone/Mobile Number:_____

Name:_____DL#:_____Phone/Mobile Number:_____

Name:_____DL#:_____Phone/Mobile Number:_____

Name:_____DL#:_____Phone/Mobile Number:_____

☐ My child will go to extended care.

_____ _____
Signature of parent/guardian Date

Revised 07-26-10