



Dismissal Instructions 2008-2009

Child _____ Age _____ Grade _____ Teacher _____

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: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

My child will go to extended care.

Extended Day Registration & Enrollment Agreement

Please check when your child will attend:

Morning: M _____ T _____ W _____ Th _____ F _____

Afternoon until 4:30: M _____ T _____ W _____ Th _____ F _____

Afternoon until 6:00: M _____ T _____ W _____ Th _____ F _____

Drop-in only: _____

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: _____

Name: _____ DL#: _____ Phone/Mobile Number: _____

Extended Care Enrollment Agreement (Please Initial):

_____ I wish to enroll my child in Country Day School of Arlington's Extended Care Program. I accept financial responsibility to pay the agreed upon fees.

_____ If I cannot be reached and my child needs medical attention, I authorize any personnel of Country Day School of Arlington to obtain treatment at the nearest emergency room by the private physician I have named on the Student Information Sheet.

_____ Country Day School of Arlington has my permission to transport my child across campus in case of inclement weather.

_____ I will not hold Country Day School of Arlington or its staff liable for any accident or illness that might occur while my child is in Extended Care.

_____ I will allow my child to watch Rated G movies.

Signature of Parent or Guardian

Date