



## Dismissal Instructions 2009-2010

Child \_\_\_\_\_ Age \_\_\_\_\_ Teacher \_\_\_\_\_

Please select one:  Toddler     Transitional     Primary

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: \_\_\_\_\_

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