

DISMISSAL PLAN 2019-2020

St. Mary's School, Canton NY

Circle One: Nursery Am Pre-K PM Pre-K Full Day Pre-K **Grade:** _____

Child's Name: _____
(Print Last Name) **(Print First Name)**

Signature of one parent/guardian: _____ **Date signed:** _____

I give my permission for any of the following people to pick up my child, names above, at dismissal time. (Fill in one or more names if you wish).

(First & Last Name)	(Relationship to child)	(Tel. Number)
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

*** Legal Note: (Only fill in the area if it applies to your situation). For reasons of custody and/or court orders, the following person(s) may not pick up my child until further notice in writing.

(First & Last Name) **(Relationship to Child)**

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