

# Dismissal Information Form

Child's Name \_\_\_\_\_

**Please circle yes or no and complete the appropriate information. Any change in this information, including play dates, needs to be indicated in writing. For your child's own safety, they will not be released to anyone who is not on this list without notification in writing.**

**Thank you.**

**Yes/No** My child will attend the After School Program at Radburn School.

If yes, please circle the days your child will attend After Care.

Monday

Thursday

Tuesday

Friday

Wednesday

**Yes/No** My child will be picked up after school.

The following people are authorized to pick my child up after school:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to child \_\_\_\_\_