

Kindergarten Dismissal Information

THIS FORM MUST BE RETURNED BY WEDNESDAY, AUGUST 29TH

Child Name: _____

Parent Signature: _____

Weekly Dismissal Schedule for August 30th-September 11th (Half Days):

(Options are: Bus, WCCC, or Adult Pick-Up at the outside classroom door—**please specify adult**. Car Line, when children wait in the gym and are called to come out when you pull up to the curb, is an option on Wednesdays only.)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Schedule Changes:

Please note below any changes in your child's schedule for the **first day of school** from what is specified above:

Please note any changes below that will occur in your child's schedule when he/she begins our **full day schedule** (Week of September 11th).

Please be sure to inform your child's teacher about any changes to your child's dismissal schedule. YOU MUST SEND A NOTE IN YOUR CHILD'S FOLDER INDICATING ANY CHANGES TO YOUR CHILD'S NORMAL

SCHEDULE (Play dates, babysitters/neighbor pick-up, etc.)