

SAINT MATTHEW CHRISTIAN NURSERY SCHOOL
CHILD PICK-UP PERMISSION CARD

CHILD'S NAME: _____ SCHOOL YEAR: _____

TEACHER: _____ CLASS: 2 Day 3 Day 5 Day AM PM
1st Floor 2nd Floor

Please fill out the **Daily Dismissal Schedule** for who will be picking up your child each day of class for the school year. If there are any changes to this (permanently or just a change for single day) you must send in a **note, call or email the office** notifying us of the change. To ensure the safety of our students, an **Alternate Pick-Up Form** will be filled out and **photo identification** will be required when a person is picking up the child for the **first time**.

Thank you for your cooperation!

DAILY DISMISSAL SCHEDULE:

MONDAY: _____ Relationship: _____ Phone Number: _____
TUESDAY: _____ Relationship: _____ Phone Number: _____
WEDNESDAY: _____ Relationship: _____ Phone Number: _____
THURSDAY: _____ Relationship: _____ Phone Number: _____
FRIDAY: _____ Relationship: _____ Phone Number: _____

AUTHORIZED ALTERNATE PICK-UP PERSONS:

NAME: _____ Relationship: _____ Phone Number: _____
NAME: _____ Relationship: _____ Phone Number: _____
NAME: _____ Relationship: _____ Phone Number: _____

Parent/ Guardian Signature

Date

SAINT MATTHEW CHRISTIAN NURSERY SCHOOL
CHILD PICK-UP PERMISSION CARD

CHILD'S NAME: _____ SCHOOL YEAR: _____

TEACHER: _____ CLASS: 2 Day 3 Day 5 Day AM PM
1st Floor 2nd Floor

Please fill out the **Daily Dismissal Schedule** for who will be picking up your child each day of class for the school year. If there are any changes to this (permanently or just a change for single day) you must send in a **note, call or email the office** notifying us of the change. To ensure the safety of our students, an **Alternate Pick-Up Form** will be filled out and **photo identification** will be required when a person is picking up the child for the **first time**.

Thank you for your cooperation!

DAILY DISMISSAL SCHEDULE:

MONDAY: _____ Relationship: _____ Phone Number: _____
TUESDAY: _____ Relationship: _____ Phone Number: _____
WEDNESDAY: _____ Relationship: _____ Phone Number: _____
THURSDAY: _____ Relationship: _____ Phone Number: _____
FRIDAY: _____ Relationship: _____ Phone Number: _____

AUTHORIZED ALTERNATE PICK-UP PERSONS:

NAME: _____ Relationship: _____ Phone Number: _____
NAME: _____ Relationship: _____ Phone Number: _____
NAME: _____ Relationship: _____ Phone Number: _____

Parent/ Guardian Signature

Date