OPEN DOOR NURSERY SCHOOL DISMISSAL FORM AND EMERGENCY FORM

| Name of child: | |
|---|---|
| Classroom: | |
| Dear Parent/Caregiver: | |
| indicating the person (s) who is aut If your child is in a carpool, please I day each individual drives. When a | dismissal time, please fill out the form below thorized to pick up your child at dismissal time. dist the individuals involved in the carpool and the a child goes home with someone other than the list write a note to your child's teacher giving missed to that individual. |
| It is very important that the children RELEASED TO ANYONE WITHOUT | en are protected. CHILDREN WILL NOT BE YOUR WRITTEN PERMISSION. |
| DISMISSA | AL PERMISSION SLIP |
| Parent Information: Fathers Name/Numbers | |
| Mothers Name/Numbers | |
| The following person (s) is author | orized to pick up my child: |
| 1. | Phone # |
| 2 | Phone # |
| 3 | Phone # |
| 4 | Phone # |
| 5 | Phone #Phone # |
| Parent Signature: | Date: |

PLEASE SEE REVERSE SIDE AND COMPLETE

EMERGENCY FORM

In the event of an emergency and we must leave the school building, the following person/persons are designated to pick up your child (including cell phone, home phone and any other applicable numbers):

(Must be a local contact)

Phone #_

| 2 | | Phone # |
|--|----------|-------------|
| 3 | | Phone # |
| 4 | | Phone # |
| 5 | | Phone # |
| | | |
| HOSPITAL? | Overlook | St.Barnabas |
| Does your child have allergies or health problems?YesNo If yes, please describe: Doctor's Name and Telephone Number: | | |
| Parent's Signature | | Date |