

MMSA FAITHFUL BEGINNINGS PRESCHOOL DISMISSAL INFORMATION

STUDENT'S NAME: _____

Please fill out the following information completely and accurately to help us ensure your child's safety at the end of each day. If information changes during the school year please let the school know ASAP.

Each day, my child will (circle days):

_____ go home at 11:00 am - M T W TH F

_____ go home at 3:00 pm - M T W TH F

_____ go to Extended Day - M T W TH F

My child will be picked up by- Name(s):

Day Care Information if other than MMSA:

NAME: _____

ADDRESS: _____

PHONE: _____

Any other information we may need for dismissal:
