



**PRESCHOOL Student
DEPARTURE INFORMATION**

It is very important that we know how each child will be departing the school each day. *Please check the appropriate boxes and return this form at orientation or on the first day of school. We will follow this procedure unless informed of a change in writing, on-line, or by notification to the school office. Verbal notice from student **WILL NOT BE FOLLOWED.***

Thank you!

Student Name: _____

Parent Name: _____

	<input checked="" type="checkbox"/> MONDAY	<input checked="" type="checkbox"/> TUESDAY	<input checked="" type="checkbox"/> WEDNESDAY	<input checked="" type="checkbox"/> THURSDAY	<input checked="" type="checkbox"/> FRIDAY
DEPART	<input type="checkbox"/> After Care <input type="checkbox"/> Classroom Pick-up Only	<input type="checkbox"/> After Care <input type="checkbox"/> Classroom Pick-up Only	<input type="checkbox"/> After Care <input type="checkbox"/> Classroom Pick-up Only	<input type="checkbox"/> After Care <input type="checkbox"/> Classroom Pick-up Only	<input type="checkbox"/> After Care <input type="checkbox"/> Classroom Pick-up Only