SEC AWANA DISMISSAL (3:30 PM)

My son/daughter			will be picked		
up at Swiftwater	Elementary Scho	ol (K-3) every week on t	the following days:		
	(Circle the da	ays your child will be p	oicked up)		
Monday	Tuesday	Wednesday	Thursday	Friday	
The following pe	eople are allowed t	to pick my child up:			
Name			Phone Number		
Joan Robbins	6		570-977-7099		
Sherry Gallag	her		570-730-1028		
Joanne Palmer			570-350-4615		
Leigh Frailey			570-269-6233		
Don Robbins (van driver)			570-629-2970		
Joe Derrick (backup van driver)		r)	570-872-7191		

In the event the bus is unavailable, permission is granted for a church Awana representative to pick up my child.

Parent Signature:	
Date:	
Parent Home Phone:	
Cell Phone:	Work Phone:
Home Room Teacher:	Room #:
Note the following:	
• If you have more than one	child, please fill out a separate form for each.

- We will ask to see **ID** for those **people picking up your child**.
- Please **send in a note** with your child if he/she is **not to be dismissed** for AWANA on their designated dismissal day.