

SIS AWANA DISMISSAL

(3:30 PM)

My son/daughter _____ will be picked up at Swiftwater Intermediate School (4-6) every week on the following days:

(Circle the days your child will be picked up)

Monday

Tuesday

Wednesday

Thursday

Friday

The following people are allowed to pick my child up:

<u>Name</u>	<u>Phone Number</u>
Joan Robbins	570-629-2970
Sherry Gallagher	570-730-1028
Judy Bryson	570-629-1186
Joanne Palmer	570-350-4615
Leigh Frailey	570-269-6233
Don Robbins (bus driver)	570-624-9614

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.