## SIS AWANA DISMISSAL

(3:30 PM)

My son/daugh	nter	will be picked			
up at Swiftwat	ter Intermediate Sch	ool (4-6) every week or	the following days	<b>:</b> :	
	(Circle the da	ays your child will be	picked up)		
Monday	Tuesday	Wednesday	Thursday	Friday	
The following	people are allowed	to pick my child up:			
<u>!</u>	<u>Name</u>		Phone Number		
Joan Robbins			570-977-7099		
Sherry Gallagher			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)			570-872-7191		
representative	e to pick up my child			a	
_				-	
Date:					
Parent Home	Phone:				
Cell Phone:		Work Phon	Work Phone:		
Home Room Teacher:			Room #	·	
Note the follo	owing:				

- 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.