



## YMCA - Dismissal Note

(Please print clearly & complete all requested information in appropriate section)

\_\_\_\_\_ Date

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please select one:

- My Child will attend the YMCA Full Time (M-F)
- My Child will attend the YMCA Part Time
  - Please specify days to attend
    - Monday
    - Tuesday
    - Wednesday
    - Thursday
    - Friday

The YMCA program starts Monday, September 8th. Please let us know how to dismiss your students on the following days:

- September 4th & 5th - please dismiss by (select one):
  - Bus # & Address \_\_\_\_\_
  - Pick up in car line by: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Telephone Number