

### PS 39 Dismissal Plan

Child's Name: \_\_\_\_\_ Grade-Class: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dismissal Information:** Please provide us with the pick-up plan for your child for each day of school.

- For a **permanent change** to this plan, please resend this form to your child's teacher.
- For a **one-time change/ play date**, please notify your child's teacher in writing 24-hours in advance.
- For a **last-minute, emergency change**, please email the classroom teacher. If the change is made after 12 pm, please call the main office (718) 330-9310.

	<b>Who is picking up?</b> <i>(parent, care-giver, or after-school program, self- dismissal for gr. 3 -5 only)</i>	<b>Name of Contact</b>	<b>Contact's Phone Number</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

Thank you for helping with a safe dismissal for everyone!