

Child's Name _____

HOW WILL YOUR CHILD GET HOME FROM SCHOOL?

Kindergarten children are not permitted to walk home alone. Please fill out this form so we can keep it handy to refer to if you are not on time to pick up your child. Include your cell phone numbers. After 10 minutes your child will go to the office to wait while we call the names on this list. Please tell us who to expect each day if it varies.

_____ Parent will pick up Name & Phone _____

_____ Grandparent: Please list their names and phone numbers below.

_____ Circle: a relative, carpool, daycare provider, friend, other: _____
Please list their names and phone numbers below.

_____ Brother, sister, or friend Please list their names and ages/teacher below.

**If your child is to be picked up by someone different than the "usual" person, please send us a note that day in your child's folder alerting us to the change.

**In case of an emergency, please list anyone else with your permission to pick up your child _____

NEIGHBORHOOD WALK PERMISSION

I give my permission for my child, _____ ,
to take walking trips in the Lakeview School area and by the lake. I understand every precaution will be taken and will not hold the teacher or the school responsible for unforeseen accidents.

Parent Signatures