

## Dismissal Authorization Form

*Please print clearly and return this form to your child's catechist:*

Date: \_\_\_\_\_

Name of Child \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please sign one of the boxes below:

My child DOES NOT HAVE permission to leave the classroom or catechist's home alone.

Parent Signature: \_\_\_\_\_

Responsible party who has authorization to pick up my child:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

If there are any changes to the above information, please notify your child's catechist or the St. Aloysius Religious Education Department prior to class.

\*\*\* OR \*\*\*

My child has my permission to be dismissed, by the catechist, without supervision at the end of class.

Parent Signature \_\_\_\_\_