



Staff use box

Elementary Faith Formation Dismissal / Escort Form

For children in grades Kindergarten - Grade 3

Please TYPE or PRINT Information (Black ink only)

Family Name: _____
Parent/Guardian: _____
Phone (home): _____ **(work):** _____ **(cell):** _____

Children to be released:

Name of Child: _____
Name of Child: _____
Name of Child: _____
Name of Child: _____

Staff use box	
5:00	6:30
Room:	
Room:	
Room:	
Room:	

Escort (can be a parent/guardian/older sibling - 4th Grade or above -/other designated adult):

Name of Escort: _____ **Relationship:** _____ **Phone:** _____
Name of Escort: _____ **Relationship:** _____ **Phone:** _____
Name of Escort: _____ **Relationship:** _____ **Phone:** _____
Name of Escort: _____ **Relationship:** _____ **Phone:** _____
Name of Escort: _____ **Relationship:** _____ **Phone:** _____

Custodial Arrangements

Please advise the Faith Formation Office of any custodial requirements you want us to follow. Please include copies of any court orders regarding restrictive contact.

The above named child(ren) will not be released to anyone other than the Escort(s) listed above. Children who have not been picked up immediately after the sessions, will remain in the Faith Formation Office to await an approved escort.

Please notify St. Patrick Faith Formation Office immediately of any changes.

Signed: _____ **Date:** _____
signature of parent/guardian date