

FiRM

Self-Dismissal Form

Child's Name: _____ Date of Birth: _____

Home Address: _____

Parent's Name: _____ Cell Number: _____

This is the Parent we will text as your child is leaving the Centre. We Kindly ask that you respond to our text confirming your child arrived home safely.

Start Date of Self-Dismissal: _____ Time of Dismissal: _____

End Date of Self Dismissal: _____ Is this ongoing? **YES NO**

If the Self Dismissal is not daily, please specify the day of the week your child will walk home alone. _____

Additional Notes: _____

In granting self-dismissal for my child, I understand Firm Foundation will not be responsible for the safety of my child once they have signed themselves out to walk home.

Parent's Signature

Date