



BRIGHT HORIZONS DISMISSAL PLAN FORM
2022 - 2023 School Year



Student's Name: _____ Grade: ____ (2022-23) DOB: _____

Your child's safety is of the utmost importance! In order to ensure that your child is safe after they leave the BRIGHT HORIZONS After School Adventures Program, we will strictly follow this Dismissal Plan set by you as the parent/guardian. If this plan changes at any time throughout the year, please contact the Program Director or Assistant Director to complete an updated Dismissal Plan Form.

My child will be PICKED UP from BRIGHT HORIZONS.

_____ Approximate time that my child typically will be picked up.

I give permission for the following people to pick up my child from the Program. Students will not be released to someone not included on this list, unless prior contact and arrangements have been made with the Program Director or Assistant Director.

Name: _____ Relationship to Student: _____
Phone Numbers: _____

Name: _____ Relationship to Student: _____
Phone Numbers: _____

Name: _____ Relationship to Student: _____
Phone Numbers: _____

My child will WALK to _____ from BRIGHT HORIZONS.

She/He should check out from the Program at the following time to WALK:

- 5:00 pm
- 5:30 pm
- 6:00 pm
- Other: _____

Parent/Guardian Signature

Date