

Saint Jude Religious Education Office
Dismissal Authorization

Child/children's Name(s) _____

Address _____

The people designated below will pick up my child/children directly from the classroom or Saint Jude Church. My child does **not** have permission to be dismissed **without** a parent/guardian or authorized individual meeting him/her at the classroom door or in the Saint Jude Church.

Name	Cell Phone Number	Relationship to Child/Children

Parent/Guardian signature _____

Date _____