MY WAY HOME

PLEASE <u>CIRCLE ONE</u> CHOICE FOR EACH DAY

YOU MUST CALL THE OFFICE BEFORE NOON TO MAKE ANY CHANGES OTHERWISE; WE WILL FOLLOW THE INSTRUCTIONS LISTED.

MONDAY 2:50 W/PARENT OR 2:50 AFTERCARE (FEE BASED) OR 2:50 TPS BUS	TUESDAY 2:50 W/PARENT OR 2:50 AFTERCARE (FEE BASED) OR 2:50 TPS BUS	WEDNESDAY 2:50 W/PARENT OR 2:50 AFTERCARE (FEE BASED) OR 2:50 TPS BUS	OR 2:50 AFTERCARE (FEE BASED) OR	OR 2:50 AFTERCARE
				12:50
		Comments/Special I	nstruction:	,
Child's Bus Route:		Bus Stop:		70
Emergency Contact Name:		Emergency Contact Numbers		
Parent's Signature:		Date:		
Please note: This will as Thank you, Mayo Staff		hild is following the instructio O 8/2015)	ns that you have discussed wit	h him/her.