WePickle After School Pickleball Enrichment Program

Change of Dismissal Authorization Form

Student Information

Child's Full Name: _____

Home Address: _____

School: _____

Grade: _____

Homeroom Teacher: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Change of Dismissal Authorization

I, the undersigned parent/legal guardian of the student identified above, hereby authorize and request that my child's dismissal arrangements be changed.

Effective _____ **(Effective Date)**, I request that my child be dismissed to participate in the **WePickle After School Pickleball Enrichment Program** on the scheduled program day(s).

I understand that my child will report to the designated WePickle After School Pickleball Enrichment Program location immediately following the regular school dismissal.

I understand that this change in dismissal instructions shall remain in effect until:

The conclusion of the current WePickle After School Pickleball Enrichment Program session; or I provide written notice to the school and WePickle requesting that my child's dismissal instructions be changed.

Parent/Guardian Acknowledgment

I certify that I am the parent or legal guardian of the student identified above and have the legal authority to make this change to my child's dismissal arrangements.

I understand that this authorization applies only to participation in the WePickle After School Pickleball Enrichment Program and does not modify any other school policies or emergency procedures.

I agree to notify both the school and WePickle promptly if there are any changes to my child's dismissal instructions.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____