



**Eleanor Kolitz Hebrew Language Academy**



**Dismissal Arrangements:**

My Child \_\_\_\_\_ Print name

- Is enrolled in EKHLA after school care
- Dismissed to parent/legal guardian
- Has permission to sign off campus.
- Has permission to go to room \_\_\_\_\_ (Parent is EKHLA staff)

**Persons authorized to pick up child:**

1. \_\_\_\_\_ Phone
2. \_\_\_\_\_ Phone
3. \_\_\_\_\_ Phone

Parent Name: Print please \_\_\_\_\_

Parent Signature:  
\_\_\_\_\_

Date: \_\_\_\_\_



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