

**4K - 2026-2027**  
**END OF DAY ROUTINE**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

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My child will be (check AM and PM if different)

Pick up/Drop off \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Full Circle Care \_\_\_\_\_ AM \_\_\_\_\_ PM  
 Bus (if busing please fill out the bottom portion) \_\_\_\_\_ AM \_\_\_\_\_ PM

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*Please Note:*

**\* Students WILL NOT be dropped off after school unless an adult is present.**

**\*\*If these arrangements change, please notify school AND Kobussen Bus.**

Pick-Up Address

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Drop-Off Address

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Any other information you feel would be helpful:

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