

**AFTER SCHOOL PROGRAM
PERMISSION TO PARTICIPATE**

When school is in session:

- The After School Program will run from 3:20 pm to 5:15 p.m. on Mondays through Friday

Student Name _____

Address _____

Parents/Legal Guardian Name _____
Last First Middle Initial

Home Address: _____

Home Telephone: _____ Father's Cell _____ Mother's Cell _____

Father's Employer: _____ Work Phone: _____

Mother's Employer: _____ Work Phone: _____

Student lives with: Mother _____ Father _____ Grandparent _____ Other: _____

Number in household: _____

Please describe any allergies or medication that the Program providers should have first hand knowledge of:

Allergies: _____ Medications: _____

Notes: _____

If I am unavailable to pick up my children, the school has my permission to release my children to the following persons:

Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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Name	Relationship	Address	Phone
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Parent Signature	Date
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SCHOOL USE ONLY

Date of Release _____ Id Source _____

Name of person to whom child is being released:

Please Print	Signature
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Location child will be taken	Address	Telephone No.
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