

Site: _____

XYZ AFTER SCHOOL PROGRAM
Permission Slip

Special Activities & Parallel Programs

My child, _____ will be attending _____.
(Name) (activity or program)

This activity/program is scheduled for _____.
(Day of week, Time & Length, Date)

My child will get to the activity/program by self or _____.
(Adult's Name)

My child will/will not return to the Program after the activity/program. If
(circle one)

returning, my child will be back by _____. I understand that the staff
(Time)

of the Program is not responsible for my child while he/she is not present at
the XYZ After School Program.

Parent/Guardian Signature: _____

Date: _____