

Permission Slip

After-School Program: _____

Name of Child: _____

School/Library: _____

Dates of Program: ___ / ___ / ___ - ___ / ___ / ___ _____

Time of Program: _____ p.m. - _____ p.m.

Teacher/Librarian: _____

a) I give my permission for my child to participate in this program.

(Signature of Parent/Guardian) (Date)

b) I have been informed that _____ is participating in this program:
(Child Name)

(Signature of Teacher/Librarian) (Date)

Web Extra 0.2: Permission Slip