



PARENTAL PERMISSION FORM

To be returned to CEF Leader or Teacher
(Note: Child cannot attend without signed permission form.)

IMPORTANT INFORMATION CONCERNING PICK-UP OF YOUR CHILD

Dear Parent or Guardian,

Your child should be picked up immediately after the club ends. You will need to drive around back to the Gym door #21 for pick up. Our policies do not allow GNC teachers or helpers to remain at the school after the club ends. In the event that your child is not picked up following the club three times throughout the school year, your child will not, unfortunately, be allowed to continue attending the club. We are asking for two emergency contact persons if you or your designated party cannot arrive within this time period. If your child attends an afterschool daycare, contact them to see if later pick-up arrangements can be made for club days.

As the Parent or Guardian, I give permission for _____ to stay after school and attend the weekly Good News Club throughout the 2018/ 2019 school year at Sandy Hook Elementary School. I UNDERSTAND that the Good News Club starts Sept 13, 2018 and meets every Thursday after school from 3:00 to 4:30 pm. Till Apr 11, 2019 and if the schedule changes, I will be notified by Facebook. Please visit Facebook page for information on dates, times, and closings. Sometimes the School cancels after school programs at the last minute, so please check right before the end of school. Page name is STRASBURG GNC-FCA Thanks for joining, it helps with information and club cancellations. Please **DO NOT** call the school, they have nothing to do with the club. Please call Dusty Dillman @ 540-333-2566. Thank You

NOTE: These materials and the activity described herein, are **NOT** sponsored or endorsed by the Shenandoah County School Board. School bus transportation **WILL NOT BE PROVIDED** by the school division. Parents are responsible for transportation home for children who participate in an after school activity.

I agree to pick up my child at the end of club time: or the following listed persons are approved to pick up my child in the event that I cannot:

- 1) _____ Phone _____
- 2) _____ Phone _____

PLEASE PRINT: Email: _____

Child's Name _____

Age _____ Grade _____ Birthday _____

Address _____

City _____ State _____ Zip _____

School _____ Homeroom Teacher _____

Parent/Guardian _____ Home Phone _____

Dad's Work Phone _____ Mom's Work Phone _____

Emergency contact person: _____ Phone _____

Emergency contact person: _____ Phone _____

Child Allergies (peanuts, chocolaté, etc.) _____

Church _____ Pastor _____

The following parents are allowed to pick my child up in the event that I cannot.

- 1) _____ 2) _____ 3) _____

Sign Here

Parent / Guardian Signature _____

Date _____