

Wellington 21st Century After School Program
Blanket Permission Slip

I hereby give my permission for my child, _____, to attend activities out of and away from the school building with the After School Program. Transportation via school vehicle or walking – no personal vehicles will be used except in extreme emergencies. I understand that information will be given to me regarding any scheduled field trips or special activities and this information will be available on an individual activity basis.

Signature of Parent/Guardian

Date

Parent Agreement

This certifies that I have read the Elementary Program Handbook and fully understand the policies stated therein.

Signature of Parent/Guardian

Date

*Please return this form to:
Wellington 21st Century After School Programs, 605 North A Street, Wellington, KS 67152*