

The Zone
Blanket Permission Slip
For the Wellington 21st Century MS After School Program

I hereby give my permission for my child, _____, to attend activities out of and away from the school building with The Zone. Transportation to scheduled events will be by school vehicles or walking. I understand personal vehicles may be used if school vehicles are not available. 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 Middle School Program Handbook and fully understand the policies stated therein.

Signature of Parent/Guardian

Date

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