

31st District PTSA Creative Kids

REQUEST TO ATTEND ENRICHMENT PROGRAM

SCHOOL _____ SCHOOL YEAR, _____ - _____

Parent/Guardian's Name _____

Home Address _____

City _____ Zip _____

Phone (____) _____

Business Phone (____) _____

I request that my child(ren), _____ Grade _____

_____ Grade _____

be allowed to attend : _____ Time _____,

on date/days : _____

I understand that my child(ren) must check in with the Site Supervisor before attending enrichment. My child(ren) cannot be escorted by Creative Kids staff to and from any enrichment program. At the end of enrichment my child(ren) will go directly to the Creative Kids room. At that time my child(ren) will be signed in by Creative Kids staff.

I accept all legal responsibility and release Creative Kids from any liability.

Parent Signature _____ Date _____

Site Supervisor Signature _____ Date _____

OFFICE USE ONLY

APPROVED _____

NOT APPROVED _____

INITIAL _____ DATE: _____