

Chesterton Academy of Orlando
After School Program Permission Slip

NAME: _____ PROGRAM DAYS: TUES, WED, THURS ONLY

GRADE/CLASS: _____

PLEASE NOTE THE FOLLOWING REGARDING THE AFTER SCHOOL PROGRAM

Where: Location varies based on the activity within the school. After school social and study will be hosted in the teacher's classroom and recreation will either be in the gymnasium or outside.

Activity: Quiet Study/Tutoring, Social Time/Board games, or Indoor/Outdoor Recreation

Program (Time): 3:30pm-4:30pm Students are to report to the classroom of the faculty member hosting the activity the student wishes to attend immediately after Closing Prayer.

Person(s) in Charge:

Mr. Cacciatore (recreation), Ms. Burks (social), and Mr. Guzewicz (study)

1. I have been informed of the details of this after school program.
2. My child(ren) has my permission to participate in this supervised opportunity.
3. I agree to instruct my child to obey all rules, regulations, and instructions given by teachers and/or authorized school personnel. I further agree that no teacher or authorized personnel shall be held responsible or liable for injuries or other mishaps caused by my child's deliberate disobedience of rules, regulations, or instructions.

I GIVE PERMISSION FOR _____ TO STAY AFTER SCHOOL TO ATTEND:

(Student's Name)

The After School Program

THIS OPPORTUNITY IS FOR STUDENTS TO HAVE EXTRA TIME TO SOCIALIZE, STUDY, OR PLAY GAMES.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE AND THAT WE HAVE YOUR PERMISSION TO KEEP YOUR STUDENT AFTER SCHOOL FOR THIS PROGRAM.

(Parent or Guardian Signature)

Phone Number: _____

Person to contact in an Emergency: _____

Emergency Phone Number: _____

