***Please send this form with your student to the KLES After School Activity’s First Session***

**KLES PTA After School Activities Permission Slip**

I give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ after school program at KLES.

**Please initial one of the following choices**

\_\_\_\_\_\_I agree to pick my student up from the front doors of the school when the activity is complete at 3:55 PM

\_\_\_\_\_\_I agree that my student will go directly to Red Rocks daycare at 3:55, and I will pick up my student from that program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name Parent Signature Student’s Classroom Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact # Parent Email Address