

Garden Club Permission Form

Student's Name _____

Grade & Teacher _____

Parent/Guardian Name _____ Phone () _____

Emergency Contact Name _____ Phone () _____

Allergies: _____

I give permission for my child, _____ (Child's Name) to attend Coleman Garden Club after school from 3:30 - 4:30 on October 21, November 18, December 2 & January 13.

Please check one of the following options:

I give my child permission to leave the school alone after the club.

My child is allowed to leave the premises independently at the end of the club.

I will pick up my child after the club.

My child will remain at school until I or an authorized person listed below arrives to pick them up.

Authorized Person(s) for Pickup (if applicable):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Parent/Guardian Signature: _____

Date: _____

Please return this form to the collection box at the front of the school as soon as possible, as places are allocated on a first-come, first-served basis. If your plans change, kindly inform Alison (alison.napoli@gmail.com) or Triona (trionadavin2@gmail.com).