

**** This is NOT an Allergy Free Club ****

Hartford ^{After School} **Club** Permission Form

Name of Club Cooking Club

Club Advisor Name Mrs. Torres ctorres@mtlaureschools.org

Months October Days of Week Tuesdays or Thursdays

Location of Club 1st Floor Teachers Faculty Room (6th Grade Wing)

BEFORE SIGNING THIS FORM please be sure your child has no conflicts that will interfere with the club meeting dates. Due to space limitations in our clubs, regular attendance is expected so other students do not miss out. Clubs of 15 or less students: members will be randomly chosen (not 1st come/1st serve).

All after school clubs conclude at 3:50 pm. Late busses run Tues/Thurs ONLY and depart approximately 4:00 pm. Late Buses drop off in general locations in each neighborhood. If you plan to pick up your child, please arrive promptly by 4:00, or your child may be sent home on the bus. If you arrive late on more than one occasion, your child may lose their standing in the club.

Due to the number of students participating in any given activity, your child may not meet on all days the club meets. Once confirmed in the club, he/she will receive a meeting date schedule. If the club is sectioned into groups, please make note of your child's group #. Parents can always check the Power School Daily Bulletin for changes/cancellations or updates If your child needs reminders on club day, please do so before they come to school to avoid classroom interruptions.

IF YOUR CHILD ATTENDS CCD AT HARTFORD ON CLUB DAY, they may not stay without Adult Supervision!

I, _____ (Parent signature), give permission for my child
(My signature indicates I have read all the Club/Intramural participation requirements outlined above).

(PRINT Child's Name) (Homeroom)

to participate in _____ (Name of Club)

with _____ (Name of Club ADVISOR)

Any current medical concerns/health conditions _____

Parent/Guardian Phone # for emergency contact _____

Parent CELL _____ (Parent email) _____ (Print CLEARLY)

**** I Will E-mail Parent if your child is Chosen ****

My child will: (circle one) ride bus OR be picked up by _____
(Name of person to pick up)

Any change of transportation plans should be in writing the day of the change and presented to the advisor by your child. **Please Return ASAP**

IF RIDING BUS, please print name of Housing Development _____

**** Deadline for Submission is Sept. 25 ****