



AFTER SCHOOL YOUTH CENTRE AT BIRCHVIEW DUNES

Please complete this form and return it to the school office or the Wasaga Beach Youth Centre as soon as possible. Once form is handed in you will receive a confirmation email/phone call to let you know that you are in the program.

I have read the enclosed letter of information regarding the After School Youth Centre Program, and give my child, _____ permission to attend the sessions. (full name of student)

I understand that the program runs on Thursday afternoons beginning **October 11, 2018** ending **May 2, 2019** from **3:15 – 5:30pm** and that I am responsible for his or her transportation home.

Please initial in the appropriate box(es) below.

- I will be picking up my child at the school no later than 5:30pm.
- My child has permission to walk home at 5:30pm.
- I wish my child to be picked up no later than 5:30pm by _____.
- My child may sign his/herself out of the program at any time.

IMPORTANT CONTACT INFORMATION:

Parent/Guardian(s): _____

Main Contact Phone Number: _____

Main Contact Email Address: _____

Address: _____

Allergies/Health Concerns: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Parent/Guardian Signature _____ Date: _____

Please return this form and the attached media release form to the school office or to the Wasaga Beach Youth Centre.