



After School Clubs

WOODLAND ELEMENTARY CLUBS/ACTIVITIES TRANSPORTATION PERMISSION/CHANGE FORM

Date: _____

Student's Name: _____

Teacher: _____ Grade: _____

My Child Will Be Participating In:

(Name of Activity/Club)

And Staying With _____ . I understand my child will be attending this program every:

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____

Beginning: _____ And Ending: _____

(Date)

(Date)

I will be responsible for picking my child up on each of these days at: _____ P.M., or, after the activity, my child will attend PRIMETIME _____.

(PLEASE NOTIFY PRIMETIME OF THIS CHANGE.)

Change requested by: (Please Print) _____

Signature: _____

Contact PH#: _____ Email: _____