# Lockeland Design Center Elementary School

## PARENTAL PERMISSION FORM

Dear Parents,

Lockeland Design Center is offering an after school tutoring program this year. This program will run from **February 6- March 30, 2012 on Mondays and Tuesdays after school from 3:15 – 4pm**.

If you are interested in your child participating, please fill out the bottom section of this notice and return it to school as soon as possible.

### Participant Name:

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child (named above) to attend the Lockeland Design Center Elementary School Tutoring Club on Mondays and Tuesdays after school from 3:15 – 4pm. Following the tutoring session, your child must be picked up at 4:00 pm at the front entrance. Transportation is not provided from school.

The activities that will be taught will be used to further basic math comprehension and critical thinking skills. The activities in this after school tutoring program will be kept age appropriate. This club is completely optional.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

### EMERGENCY CONTACT INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent(s)/Guardian(s)** | | |  | Phone Numbers | Phone Type (Home, Mobile, etc.) |
|  | | |  |  |  |
| Name(s) | | |  |  |  |
|  | | |  |  |  |
| Street Address | | |  |  |  |
|  |  |  |  |  |  |
| City | State | Zip |  |  |  |
|  |  |  |  |  |  |
| Parent(s)/Guardian(s) Email address(es) | | |  |  |  |
|  |  |  |  |  |  |
| Best Email address(es) to reach Parent(s)/ Guardian(s) | | |  |  |  |