

PERMISSION TO PARTICIPATE IN HOMEWORK DINER PROGRAM

Parent Engagement: Cynthea B. Lester- Parent Facilitator

School Name: Floyd Middle School

General Information

Program Site: Various rooms in the building

Date(s) of Program: March 4th - 25th, April 15th & 29th May 6th & 20th

Time: 4:30 PM—6:30 PM

Parents are expected to attend the last meeting of the school year. (5/20/19)

Cost: Free to participating students Approximate Number of Students: 150 Adult Supervisors: 7 or more

Additional Teacher Comments: Dinner will be provided at each session to participants.

Method of Transportation: Parent Pick Up at 6:30 p.m.

____ Car Rider

Student Information

Student Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Homeroom Teacher: _____ **Grade** _____

Student Number: _____

In case of emergency, notify: _____

Phone: _____

Medical Information

Does the student need to take medication? Yes, No If so, what medication? _____

Special medical conditions: _____

Allergies? Yes, No If yes, please identify allergy: Medication Food Stinging Insects

Other: _____

Dietary Restrictions: _____

Signed Permission Slip must be turned in before or on 1st day of attendance.

Student Name _____ has permission to participate in the afterschool Homework Diner Program.

Parent Name (Please Print) _____

I am aware that United Way has requested a copy of my child's report card.

I am aware that my child is expected to behave in a manner of excellence and if issues occur, he or she may be removed from participation.

Check the blank for the manner in which your child will go home.

_____ My child is usually a walker each day and will continue to walk home at the end of tutoring.

_____ I agree to pick my child up at 6:45 PM.

Parent Signature _____

Date _____