



P.A.L. Program 2024-2025 After-School Activity Notice

Student Name _____

After School Activity _____

Day(s) of Week _____

Date(s) From _____ To _____

Start Time _____ End Time _____

My child will check in with PAL briefly before attending their activity, and **WILL RETURN TO PAL** after the activity ends.

My child will attend PAL and will be signed out by staff to attend the activity at the specified time. They **WILL NOT** be returning to PAL after their activity ends.

***I give permission for my Child _____
to attend the after-school activity stated above on the dates and times
provided. I will NOT hold the P.A.L. Program liable for anything that may
occur while my child is attending his/her activity.***

Parent/Guardian _____

Please Print

Date _____

Parent/Guardian Signature _____

*Staff Initials _____ *Photo-copy sent _____ *Noted in NO book _____