



## P.A.L. Program 2025-2026 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.

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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 \_\_\_\_\_

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\*Staff Initials \_\_\_\_\_ \*Photo-copy sent \_\_\_\_\_ \*Noted in NO book \_\_\_\_\_