



P.A.L. Program 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.
- My child will be taking the **LATE BUS** from school to PAL following their after school activity. *(please note their estimated arrival time to PAL)*

MIDDLE SCHOOL:

- My child will be walking to PAL from the Middle School following their after school activity. *(please note their estimated arrival time to PAL)*

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 _____ Date _____
Please Print

Parent/Guardian Signature _____

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