



## Northumberland Public Library After School Club

### STUDENT PERMISSION FORM

Dear Parent/Guardian,

Northumberland Public Library is offering an after-school club this year for grades 1-5. This program will begin September 4th right after school until 5 PM on Wednesdays. On school holidays or half-days there is no After School Club. If you are interested in your child participating, please fill out the bottom section of this notice and return it to the Library as soon as possible. We must have a signed permission slip **in advance** for each child in order for that child to participate.

Participant Name: \_\_\_\_\_

Participants Grade: \_\_\_\_\_

I give permission for my child (named above) to attend the Northumberland Public Library After-School Club right after school until 5pm, beginning September 4th.

Following the program your child must be picked up at 5:00 pm in the meeting room. **Transportation from school must be arranged through the school and their teacher with respect to bus drop off at the Library.**

Activities will include weekly themes with crafts, movies, stories, projects, LEGO builds, puzzles, games and more. Snacks and drinks will be provided so please indicate any allergies below.

There will also be a homework table available.

My child will be picked up by: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Date

#### EMERGENCY CONTACT INFORMATION

| <u>Parent(s)/Guardian(s)</u>                                  | <u>Phone Numbers</u> | <u>Phone Type (Home, Mobile, etc.)</u> |
|---|----------------------|--|
|   |                      |  |
| Name(s)   |                      |  |
|   |                      |  |
| Street Address  |                      |  |
|   |                      |  |
| City  | State                | Zip                                    |
|   |                      |  |
| Parent(s)/Guardian(s) Email address(es)                       |                      |  |
|   |                      |  |
| Best Email address(es) to reach Parent(s)/ Guardian(s)        |                      |  |
| My child is allergic to _____                                 |                      |  |
| Other information we may need to best serve your child: _____ |                      |  |