Zion Bethel Activity Hour Permission Slip

	ou must return a signed bottom slip to each child's teacher)
Child's Name	Birthday Grade
	
	days from 3:00 to 4:30. I understand that an adult from the sportation will be provided from Oaklawn students if I
	5 th grade and it meets on <u>Thursdays</u> only when school is
in session. I understand that I must be prompt in picking earlier than 4:30 I will contact Zion Bethel so that are	
information on this form changes it is my responsibility t	
Food Allergies	Child
Parent or Guardian (please print):Phone Number:	
Complete Address:	
In case of Emergency (Name and number) 1st Contact	
2 nd Contact	
Please check all that apply	
[] My child attends Meadowlawn & will be walked to Zion Bethel by an adult from ZB	[] My child will be walking home at 4:30
[] My child attends Oaklawn & will need transportation to Zion Bethel	[] My child will be picked up at 4:30 Authorized person picking up child(ren)
to Zion Bether	Name: Number:
	(please contact us if authorized person changes)
P. VG. I'. G'.	
Parent/Guardian Signature	Date
Please bring top p	ortion to Zion Bethel
Cut	Here
	Student's Teacher and Grade
My child has n Hour at Zion Bethel Church.	ny permission to attend Wednesday afterschool Activity
from at Zion Denier Church.	
Parent/Guardian Signature	Date