***Stevenson Robotics Club Permission Slip 2014***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Stevenson Robotics Club at Stevenson Elementary School on Monday afternoons from 2:30-4:00pm.

Students **MUST BE** picked up by parents or be able to safely walk home from school. There is NO bus.

\_\_\_\_ My child will walk home by 4:15 pm

\_\_\_\_ I will pick my child up by 4:15 pm

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

(Please **Print Clearly** and with a Black or Blue Pen.)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade  **4 or 5**.

 (circle one)

Fill in as many as possible below. Fill it out in order of importance. Top most name and number will be called first.

|  |  |  |
| --- | --- | --- |
| Parent or Guardian Name(s) (please include area codes 🡪) | Phone Number **BEFORE** 2:30 pm | Phone Number **AFTER** 2:30 pm |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Other Information (for example; medications, allergies, medical concerns, etc. ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS:**

**SIGN UP to Chaperone our students during Robotics Club.** Pick at least one Monday afternoon. PTA and all the other parent volunteers count on your support to make this a fun and safe experience for our children.

Parent chaperone name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent chaperone email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mark each Monday you can come help chaperone our Robotics club students.**

Monday 4/14\_\_\_\_\_\_\_\_\_\_\_\_ Monday 5/12\_\_\_\_\_\_\_\_\_\_\_\_

Monday 4/21\_\_\_\_\_\_\_\_\_\_\_\_ Monday 5/19\_\_\_\_\_\_\_\_\_\_\_\_

Monday 4/28\_\_\_\_\_\_\_\_\_\_\_\_ Monday 5/26\_\_\_\_\_\_\_\_\_\_\_\_

Monday 5/5 \_\_\_\_\_\_\_\_\_\_\_\_ Monday 6/2 \_\_\_\_\_\_\_\_\_\_\_\_