

# District 105 "Connections Center"

## Consent to Attend

(Students PK-3 grade must attend with an adult. Students Grades 4<sup>th</sup> to 8<sup>th</sup> must have a permission slip on file to attend)

I, \_\_\_\_\_, authorize my child,

\_\_\_\_\_, to attend the District 105 Connections Center, at Ideal School, to Talk, Learn and Play, and to participate in all activities offered at the center. He/she has my permission to use a computer if it's needed to work on his/her homework or school project.

I understand that my student **must sign-in and out** as he/she arrives and leaves Connections. Students are free to arrive anytime between **4-6 pm on Tuesdays and Thursdays**; however, once they leave they **must sign out and cannot re-enter** the center that day. No transportation is provided to or from the center; it is my responsibility to provide a safe way to get to and from the center.

If your child has a medical condition or allergy, I understand that it is my responsibility to ensure that these needs are adequately attended to while at the center.

Parent Signature \_\_\_\_\_

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Home School \_\_\_\_\_

Home phone number: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_