NAME_____

HOMEROOM_____

ASP

SAINT MATTHIAS AFTER SCHOOL PROGRAM

ACTIVITIES PERMISSION FORM

I give my child*, _____, permission to participate in the following activities during the After School Program:

After School Sports (w/ Mr. J): (grades 3-8)

- **Archery** ☐
- **Football** ☐
- **Soccer** ☐
- _____ ☐

- **Band…(grades 4-8)…….** ☐
- **Children's Choir…(grades 3-8)……..** ☐
- **Drama Club…(grades 7&8)……..** ☐
- **Girl Scouts – Troop #_____** ☐ **(a)**
- **Homework Club……...** ☐
- **Mad Science …(grades 1-5)…….** ☐ **(b)**
- **Prayer Group…(grades 4-8)……** ☐
- **Tutoring ……..….** ☐ **(c)**
- **Young Authors…(grades 3-8)……..** ☐
- **Other _____** ☐

(a) Separate registration is required. Please provide the days your child will attend, troop number, and troop leader(s).

(b) Separate registration/payment is required. See school website for details as this program is made available.

(c) Please advise which teacher will be tutoring your child and when.

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*Separate forms are required for each child.

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(Signature of parent or guardian)