

**Town of Johnsburg Youth Committee/Treks
Activities Program Bus Permission
2014-2015**

Please be sure to fill out the name of the activity and the instructor in order to clearly state which activity your child will be attending. Also remember that most activities suggest your child have a snack and/or drink with them and need to dress appropriately for the weather, if outdoors. This slip should be returned to the Principal's Office to Mrs. Laurie West a week in advance of the starting date. Thank you.

My child _____

Will attend _____

Instructed by _____

Held on M Tu W Th F

Dates: From _____ to _____

Please check the appropriate boxes below. I expect:

- to pick my child up at the class location site **after** class
- OR**
- my child to ride the late bus home from school (**only if the activity flier states the Late Bus is available**)

In the event of class cancellation, the instructor will call me at _____. I give permission for the instructor to notify the school where I would like the school to send my child.

I understand that my child needs to take the responsibility of signing up for the late bus.

Parent or Guardian Signature

Date

Comments: