

THE VILLAGE SCHOOL
PERFORMING ARTS PROGRAM
RELEASE FORM

I give The Village School permission to release my child _____
to _____ (Art Club, Drama, Yoga, etc.) on the days
indicated below:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

The time of this class is from _____ to _____. I agree to have my child
picked up promptly at the time designated.

***I UNDERSTAND THAT IF MY CHILD WILL NOT BE ATTENDING OR WITHDRAWS
FROM THIS CLASS, THAT I MUST NOTIFY DEBBIE MARTIN AT 593-7686 X208 AS
WELL AS THE SCHOOL OFFICE.***

Parent signature: _____

Date: _____

Student Name: _____

Teacher: _____

Please list the names & phone numbers of the emergency contacts (including parents)
who are permitted to pick them up from this class. **These are the only people who
will be allowed to pick up your child.** Any changes can be made in the School
Office.

Name: _____

Home #: _____

Cell #: _____

Name: _____

Home #: _____

Cell #: _____

Name: _____

Home #: _____

Cell #: _____