

# PERMISSION SLIP

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Please have this filled out & returned to Laura Yoder by March 5th.

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE: \_\_\_\_\_

Check here if you will be are registering as a family

(Family registration will tally all pages together when turning in page amounts, rather than tallying each child's pages individually.)