October 2019

Dear Parent(s)/Guardian(s),

WMMS After School Program is beginning during the week of October (10/22/19). A permission slip needs to be on file both with the staff sponsor(s) of the activity as well as in our Administrative Office prior to student participation. We ask our families to complete the information below. Please have your son/daughter return it to the Guidance Office in order for them to be actively involved in a variety of extracurricular activities. Attached is the listing of the WMMS After School Program offerings.

My child (Print Child First & Last Name)__________________________________________ would like to participate in the WMMS After School Program entitled ________________________________. The program will take place on ____________________ between ___________ PM and ____________ PM that has been designated by the staff sponsor(s).

It is understood that transportation home after the activity is the responsibility of the parent(s)/guardian(s) at the designated time and must be arranged PRIOR to the meeting date and time in order for your child to attend the activity, not arranged the day of the activity. All students need to be picked-up from our school campus within 15 minutes of the ending time of the program.

If students would like to take advantage of the school provided activity bus please indicate below (on Tuesday & Thursday). This bus will drop students off at Dogwood ES, Winfield ES, or Randallstown ES. It is on a FIRST COME basis until it fills. Parents must be at the designated elementary school when bus arrives.

On the days that students attend the program, students will go to their lockers at dismissal time and then go directly to the location within the school house in which the activity will be held. The staff sponsor(s) will escort students to the atrium for dismissal at the end of the activity, staying with the student(s) until they have left the building.

Parents/Guardians please check the appropriate statements below, sign and return the entire permission slip to the sponsor or main office, who will forward a copy of the signed permission slip to the sponsor of the activity.

_____ My child will walk home immediately after the activity is over.
_____ My child will be picked up from school at the designated time indicated by the staff sponsor(s).
_____ I would like to take advantage of the WMMS school provided Activity Bus (Tuesday & Thursday).

Student Name: ___________________________________________ Grade: ____________

(Printed – first, last)

Homeroom Teacher Name: ________________________________

Parent(s)/Guardian(s) Name: ________________________________

(Printed – first, last)

Parent(s)/Guardian(s) Signature: ________________________________

Contact Number (primary contact): ________________________________

Secondary Contact Name & Number: ________________________________