

# Maywood Hills Elementary MATH CLUB 2019-2020 Permission Form

\*\*\*\*\* Please return this form to Mr. Pierce \*\*\*\*\*

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

The student named above has my permission to participate in Math Club during the current school year.

Parent Signature \_\_\_\_\_

Daytime Phone during afterschool program: \_\_\_\_\_

Cell# \_\_\_\_\_

E-mail \_\_\_\_\_ (for club information to parents)

Students are expected to be picked up at 4:30. Please provide names of any non-parents that should be authorized to pick up your child or other notes on pickup arrangements (example: YMCA):

\_\_\_\_\_

Does your child have any health concerns (including food allergies) we should know about?

\_\_\_\_\_

STUDENT: (please read and sign your name below)

I agree to follow Northshore School District and Maywood Hills School policies and behavior protocol when attending Math Club. I understand that Mr. Pierce is volunteering his time to this program and expects my best behavior and cooperation.

Student Signature: \_\_\_\_\_

\*\*\*\*\* Please return this form to Mr. Pierce \*\*\*\*\*