

OMS Disney Club Permission Slip:

I give permission for my child (_____) to attend Disney Club.

Signature of Parent/Guardian: _____

Date: _____

Please **CLEARLY** Print Information:

Name of Student: _____

Homeroom Teacher's Name: _____

Grade: _____

Name of Parent/Guardian: _____

Primary Phone Number: _____

Parent Email: _____

Are there any medical needs we need to be aware of? (Circle one) No Yes

If yes, please complete "Medical Needs" section:

Medical Needs: (Please indicate if child is allergic to any foods, etc...) We might make a Disney related snack in the club, so please list if there are any food allergies.

Meeting Dates:

We will meet on the 3rd Thursday morning of each month at 8:15 a.m. in Mrs. Chapman's classroom.
heather.chapman@gcpsk12.org

- August 21st
- September 18th
- October 16th
- November 20th
- December 18th
- January 15th
- February 19th
- March 19th
- April 16th
- May 14th – 2nd Thursday of the Month