



PERMISSION FORM

I give permission for _____ to be a fully active participant in the Chester Family Academy “Hands-On, Hearts-On, Minds-On Program” in all the areas listed below:

Please initial the following activities as you read them.

_____ Physical, dental, vision, hearing and speech screening.

_____ Special events attendance by busing or walking to city hall, parks, art galleries, West Chester University, West Chester Area Senior Center, etc.

_____ School field trips and outdoor activities (busing or walking).

_____ Performance activities in the West Chester Area (busing or walking).

_____ Swimming lessons at the West Chester Y (Busing).

_____ Transportation by child’s school district by bus.

_____ West Chester exploration around town(walking).

_____ Outdoor activities in West Chester parks (walking).

_____ Karate lessons (on premises)

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____