



Home Game Permission Slip

I give my child _____ permission to stay after school on (circle one): Monday, February 3/Thursday, March 12 to cheer on the LPS Basketball team as they play their home game. Once the game ends, I understand that my child will need to be picked up in the LPS parking lot by no later than 4:00pm, by either a cab or a guardian.	
Address:	
Parent/Guardian Name (s):	
Parent/Guardian Email(s):	
Phone Numbers:	
Parent/Guardian 1:	Parent/Guardian 2:
Emergency Contact Name:	
Emergency Contact Phone Number- Cell: _____ Work: _____	
Health Plan and #: *Please note that there will be no nurse on site during after school programming	

MY CHILD WILL BE PICKED UP IN THE LPS PARKING LOT, BY 4:00PM, BY:	CAB [<input type="checkbox"/>]	PARENT [<input type="checkbox"/>]
--	----------------------------------	-------------------------------------

If you checked off 'cab' please complete the following information, and please note that all communication with the Cab Company is the Parent/Guardian's responsibility (i.e., days/time for pickup, cancellations, etc.).

CAB COMPANY NAME: _____

CAB COMPANY'S PHONE #: _____

PARENT/GUARDIAN SIGNATURE

DATE

Alyson Humphreys
 Director of Athletics and Activities
ahumphreys@learningprep.org
 617 965 0764 ext 263

The Learning Prep School (LPS) program provides all students with equal access to services, facilities, activities, and benefits regardless of race, color, sex, gender, identity, religion, national origin, disability or homelessness.