



LaPerche After School Enrichment Program

Permission Form

Child's Name: _____ Grade: _____

Teacher: _____ Home Phone: _____

The child named above has our/my permission to participate in the LEAP Program at R.C. LaPerche School. He/she will be dismissed from school to the LEAP Program unless we notify the school otherwise. Our/my child will be released from the LEAP Program to either parent/guardian or pick up person identified in the online registration form. We understand the LEAP Program is run by the R.C. LaPerche Parent Teacher Association and is not a Town of Smithfield School Department program. We also understand the persons conducting the class and parent volunteers will supervise my/ our child. If my/ our child misbehaves, I understand that he or she will receive a time-out; if the behavior continues, parents will be notified and my/ our child may face removal from the program. I/ we also understand that any medical or behavioral information about my/ our child which the school department or R.C. LaPerche School has knowledge of **has not been communicated with any PTA members or LEAP volunteers.**

We understand that the PTA and the LEAP Program do not have access to any medications or medical supplies stored at the school. We understand that if our child has a medical or behavioral condition that requires attention or specialized care, a PTA member or LEAP volunteer will be present during the entire LEAP class. We understand that in the case of an apparent medical emergency, the response of the LEAP Program volunteer will be to contact the individual listed as the emergency contact on the registration form and/ or 911.

Emergency Contact Person: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

This form must be signed and returned to R.C. LaPerche School in an envelope marked 'LEAP Program' before your child can be enrolled in the LEAP Program

Parent/ Guardian Signature: _____

Please Print Name: _____ Date: _____

FOR LEAP USE ONLY:

Registration Received: _____

Payment Received: _____