

# Permission Slip

## Session Four Afterschool Enrichment

Please check the class you would like to participate in and return your permission slip and money to the teacher teaching the class. Please make checks payable to: Fountain International Magnet School

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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

Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

### ***PE – MR. WOJCIK***

\_\_\_\_\_ **Baseball and Kickball**                      **Monday**                      **Limit 18**                      **Grades 2, 3**

### ***ART-MS. LAY***

\_\_\_\_\_ **Artcycle It!**                                      **Tuesday**                                      **Limit 16**                                      **Grades 1, 2, 3**

### ***MUSIC-MRS. KING***

\_\_\_\_\_ **Drums Alive**                                      **Thursday**                                      **Limit 20**                                      **Grades 2, 3**