

## IDEAS Center Registration/Permission Form

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

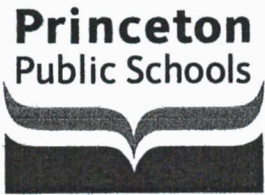
Phone (day): \_\_\_\_\_ alternate number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ phone: \_\_\_\_\_

Please sign this form and have your child return it to one of the IDEAS Center staff members.

I, \_\_\_\_\_ wish to allow \_\_\_\_\_  
to participate in the John Witherspoon Middle School IDEAS Center which meets after  
school, from 3 to 4pm, Mondays through Thursdays, unless school is closed or ends  
early.



Live to Learn, Learn to Live

# John Witherspoon Middle School

217 Walnut Lane, Princeton, New Jersey 08540 t 609.806.4270

## IDEAS CENTER 2017-2018 CONSENT FOR CHILD TO WALK HOME

Name of Child: \_\_\_\_\_

I **give** consent

I **do not** give consent

I \_\_\_\_\_ give consent for Princeton Public Schools to  
(Parent/Guardian Signature)

release my child at dismissal to walk home alone. I understand that Princeton Public Schools will not be liable for anything that happens to my child once he/she leaves the program at dismissal time.

The following individuals are permitted to pick up my child from the IDEAS Center:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_