



## WALKING PERMISSION SLIP

I, Parent or Legal Guardian of \_\_\_\_\_, authorize my child to be walked to Paint Box Art Studio at 1101 Washington Place from St. Vincent Aftercare. I will pick him/her up after class at:

Aftercare       Studio

Please remember to sign your child out if you are picking them at at the studio .

\*\*\*I will be walking my child to the studio myself

Student's Full Name: \_\_\_\_\_

Full Name of Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

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