**2018-19 TEEN PERMISSION FORM**

Swampscott

Extended Day

Before and Afterschool Program

**TEEN CENTER PROCEDURES 2018-19**

Teen Center Room 781-596-8800 ext. 130

Email: [teencenter@swampscott.k12.ma.us](mailto:teencenter@swampscott.k12.ma.us)

**Middle School Pick-up Door 18**

The dismissal procedure for the Teen Center is that students need to be picked up at their scheduled time by a parent or authorized person. **All parents must sign their teen/s out by signature and time.**

If a teen is attending a sports club, afterschool club, theater, chorus or homework support with their teacher, then returning to Extended Day, the child/parent must inform the Teen Center, as soon as possible. The child/children may call the Teen Center if they will be arriving late to **Extended Day at Ext. 130.**

No teen/s will be **permitted to leave Extended Day** to: walk home, walk home with a friend, or be picked up by a classmates’ parent without an email and or phone call to the Teen Center prior to pick-up.

Please note that the Swampscott Extended Day Program does not recommend allowing a teen from the Teen Center to walk home alone**. If you allow your teen/s to** **be dismissed, you will accept full responsibility for your teen/s when** **they leave the Extended Day program**.

**Please check below**

Top of Form

I give permission to allow my teen/s to walk home. I give permission to my teen/s to walk home with a friend.



I give permission for my teen/s to be picked-up by parents listed under the Pick-up Authorization located on the registration form.



**MY TEEN HAS A CELL PHONE AND THE NUMBER IS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**MY TEEN DOES NOT HAVE A CELL PHONE.**



Top of Form

***I agree to all the policy and procedures listed above, and I understand that***



Bottom of Form

***the procedures are for the safety of my teen/s.***

**Name/s of Teen/s**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/s Guardian/s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_