

Tablesetters Permission Slip

Name(s) _____

Grade(s) _____

Parent's phone number _____

Parent's email _____

Emergency contact number _____

Allergies _____

____ Please check if your child will go to the CARES room after the Tablesetters meeting. (You will need to make arrangements with CARES prior to the meeting.)

Parent signature _____

* Please consider sending in a donation to cover the cost of this year's supplies with your child's permission slip. It would be much appreciated.