



**Cedar Hills School Summer Intersession
with Kingman Center of the Arts**

Place: Cedar Hills School Auditorium

Dates of Intersession: June 2nd to June 12th

Time of Event: 8:00am to 12:15pm

I give permission for my child, _____ to go participate in
(Students name)

Summer Intersession at Cedar Hills School from June 2nd to June 12th from 8:00am to 12:15pm
(Place) (Date) (Time)

I _____ understand that along with the Cedar Hills School teaching staff there
will

(Parent Name)

be teachers from the Beale Street Theatre Center of the Arts who will be working with my student(s).

If for any reason I need to be contacted, I can be

reached at _____.
(Phone number)

In the event that you are unable to be contacted, please provide an emergency contact:

Emergency Contact Name: _____

Emergency Contact Phone number: _____

Parent/Guardian Signature

Date