

Pettis County R-XII School
Early Dragon Care
Parental Permission Form

Participant Name: _____

Birthdate: _____

Street Address: _____

Grade: _____

City, State, Zip: _____

Siblings attending Dresden: _____

I give permission for my child(ren) to attend the Pettis County R-XII Early Dragons Program. I will drop off my child(ren) at 7:00 AM.
I understand that if behavior issues occur that cannot be resolved, my child(ren) will not be allowed to attend the program.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Date

Emergency Contact Information:

Parent/Legal Guardian Name

Primary Phone Number / Work Phone

Email address

Parent/Legal Guardian Name

Primary Phone Number / Work Phone

Email address

Other Emergency Contacts:

Name

Relationship

Phone Number

Name

Relationship

Phone Number