



Thank you. Your online Registration was submitted successfully. Please Print this page. This is your permission slip and it must be signed and submitted on the day of the event.

I give permission for my child _____ to attend ALAP University at Pilgrim High School on March 10, 2012. I understand that my child will not be allowed to attend ALAP University unless this form is filled out, signed, and returned at the event with a donation. I understand that my child will be provided lunch consisting of: Pizza or a Sandwich, Potato Chips and a drink. There will be water, cookies, and other snacks available.

If my Child has a food allergy, or if for any reason this food is not appropriate for my child, I will make alternate arrangements for their lunch. In the case of food allergies, I understand that it is my responsibility to contact the Warwick Public Schools Gifted and Talented Education PTA (ALAP PTA) via email to notify them about the allergy and also supply proper notification at the registration desk during registration. I also understand that in the case of a serious food allergy, I must remain with my child at ALAP University. All parents are able to remain at Alap throughout the day and additional volunteers are needed and welcome for the event.

If I am leaving my child at ALAP University, pickup and drop off will take place at the cafeteria and nowhere else. I understand that these arrangements may be modified at ALAP University registration if and only if I am there to fill out another permission slip. I have enclosed a minimum \$25.00 donation for my child to attend ALAP University. A check or money order made out to: Warwick ALAP Corp. (Note: No cash will be accepted.) Donation Checks must be mailed to Warwick ALAP Corp, PO Box 9076, Warwick, RI 02889.

I am dropping off/ picking up my child at ALAP University and I understand that I must show a photo ID to pick up. If someone other than a parent is listed to drop off/ pick up my child at ALAP University, I understand that this person will be listed on this form and must show a photo ID.

Parent's/ Guardian's clearly Printed Name _____

Signature _____ Date _____

Student's clearly Printed Name _____

Signature _____ Date _____