

**PERMISSION SLIP FOR 5:00 PM
LATE AFTERNOON SNACK
(for students registered until
6:00 or 6:30 only)**

Child's Name: _____

Class or Teacher: _____

Daily Departure Time: _____

_____ I give my child permission to have a 5:00 pm snack which **will be provided by the school.**

OR

_____ I give my child permission to have a 5:00 pm snack **which I will provide.**

*Please limit snacks to 1 of the following items:
yogurt, fruit, pudding cup, cheese stick, granola bar & a
small water or small box juice drink.*

**Please be aware that all 5:00 snack items must be
PEANUT - NUT FREE**

_____ I do **NOT** give my child permission to have a late afternoon snack.

Parent's Signature: _____ Date: _____