

**MINDFULNESS CLUB**

I, \_\_\_\_\_ (parent's name), hereby give permission for my son(s)/daughter(s) \_\_\_\_\_

to stay with Mindfulness Club representatives on Wednesdays or Thursdays from 3:30 pm to 4:30 pm to participate in Mindfulness Club activities. Essential oils will be used.

My child will be (choose one):

\_\_\_ picked up at 4:30 pm by the main office

\_\_\_ going back to ECP for aftercare at 4:30 pm

\_\_\_ picked up by \_\_\_\_\_ (if someone other than normal pickup)

**Students who are not picked up on time will be sent to aftercare, and ECP drop in fees will be charged.**

By signing below, you give permission for your child(ren) to participate in the Mindfulness Club. You also acknowledge that all care and safety will be provided for your child(ren), and that you will not hold St.

Joseph's School and/or faculty liable should an accident occur.

My child(ren)'s name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this permission slip by April 20, 2019**

**Mindfulness Club will meet on the following Tuesdays or Wednesdays between 3:30 – 4:30pm (Please mark your calendars):**

Wednesdays

Thursdays

May 1, 8, 15, and 22

May 2, 9, 16, and 23