

KIDS HOLIDAY WORKSHOP

Drop your kids off at Grayslake North High School while you battle through the Holiday shopping crowds. Members of GNHS Student Council will make sure your child has a day to remember! Children will have a variety of activities to take part in, such as:

- Holiday Crafts
- Open Gym
- Holiday Movies
- Games



Saturday, December 1, 2018 from 11:00 am - 3:00 pm at Grayslake North High School!

Activities will be catered to different age groups for children in Kindergarten through 8th Grade. Cost for this workshop is \$20 for the first child, and \$15 for each additional child. This cost includes all activities as well as a pizza lunch. Children should be dropped off between 10:30am-11:00am and picked up at 3:00pm; all children must be signed in and out.

Please fill out the permission slip below and return it to your school by **Tuesday November 27, 2018**. Payment may be made in the form of cash or check made out to "GNHS" with "Kids Holiday Workshop" on the memo line. Please check your calendars and plan ahead accordingly as there will be no refunds. Contact Jackie Boratyn with any questions at JBoratyn@d127.org

Name of Student(s): _____ Grade Level(s) of Student(s): _____
(Please Print)

Name of Elementary School: _____
(Please Print)



We, as parent(s)/guardian(s) of the above named student(s), hereby:

Please check the following:

_____ grant permission for my student to participate in the kids holiday workshop described above under the auspices of District 127, Lake County, Illinois.

The undersigned agrees to bear full financial responsibility as against the aforesaid Board of Education of District 127, Lake County, Illinois, and employees and agents. We agree to release and discharge the above for any claims for damages, costs and attorney's fees which may arise in favor of said student and/or the undersigned as a result of said student's participating in said trip.

The undersigned authorizes the school appointed activity sponsor/coach(s) named above to make decisions involving medical treatment under emergency conditions and only when the parent(s) or guardian(s) cannot be contacted within a reasonable time period.

Parent/Guardian Signature

Date

Emergency Contact Name: _____ Phone Number: _____

Important Medical Conditions/Allergies/ Prescriptions to be aware of:

Handwritten signature