



adventure



art



life



fit

the edge

TO: _____,
(Child's Teacher)

My child, _____ will be participating in the Edge! program on the following day/s _____ for the month of _____. I request that my child ride the bus that goes to School Age Services, building 616 on these days. I understand that if my child does not attend the Edge! program due to sickness/appointment, I am responsible for notifying the school either by note or face to face.

Name of Parent (print): _____

Signature: _____

Phone Number: _____

Date: _____



U.S. Army Child, Youth & School Services