

Child Psychology and Development

EJHS Student: _____

Teacher: Mary Beth Perilli
mperilli@ccsuct.org or call 857-7000

Preschool Event Permission Slip

Name of Child _____ Nickname _____

Street Address: _____ Town: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth date: _____ Age of Child _____

Parents Name: _____

Special Considerations: (i.e. food, diapers, allergies, etc.)

Parents: Please indicate which days and times your child will be joining us. We will call to confirm these dates. We can do registration over the phone.

<input checked="" type="checkbox"/>	<i>YOU MAY COME IN ALL OR SOME OF THE DAYS.</i>	Monday December 6, 2010 <i>9:30 - 12:30</i>	Wednesday December 8, 2010 <i>9:30 - 12:30</i>	Friday December 10, 2010 <i>9:30 - 12:30</i>
<input type="checkbox"/>				

Mail Permission slips by December 1st or email, call. "First come First served." We will contact you to confirm.

Marybeth Perilli
Essex High school
2 Educational Drive
Essex Junction, Vermont 05452