



300 W. Briarcliff Road
 Bolingbrook, IL 60440
 Phone: 630.759.2102
 Fax: 630.759.6180
 help@fountaindale.org
 fountaindale.org

Parental Permission Slip

Fountaindale Public Library is offering special after-hours programming for teens in grades 6–12. Teens are encouraged to register in person and must have a completed Parental Permission Slip turned in to library staff to attend. There will be several staff supervising these events. All participants will remain inside the library, unless picked up by a parent/guardian, until the program end. Teens will not be able to exit and re-enter the program.

Please fill out the permission slip so that your teen can attend the following program:

Program: **Teen After Hours: Laser Tag**
 Date: Friday, June 16
 Time: 5:30–8 p.m.

| Student Information | | | |
|---------------------------------|--|------------|--|
| First Name: | | Last Name: | |
| Grade: | | Age: | |
| Allergies/Dietary Restrictions: | | | |

| Parent/Guardian Information | | | |
|-----------------------------|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship to Student: | | | |
| Street Address: | | | |
| City: | | Zip Code: | |
| Phone: | | Email Address: | |

We make every effort to provide a safe and secure environment for your child during events. In order to protect the safety and health of your child, we request that you provide the following information.



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In the case of an emergency, we will contact the parent listed above. We request that another contact be provided who is authorized by the parent to act on his/her behalf in case the parent is unavailable.

| Alternate Emergency Contact Information | | | |
|---|--|----------------|--|
| First Name: | | Last Name: | |
| Relationship to Parent/Student: | | | |
| Street Address: | | | |
| City: | | Zip Code: | |
| Phone: | | Email Address: | |

(Teen Signature)

(Date)

By signing this form, the teen agrees to comply with the Fountaindale Public Library Code of Conduct; listen to library staff; understand that library employees are authorized to enforce library rules.

(Parent/Guardian Signature)

(Date)

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission. **I also agree to pick up my teen promptly at 8:00 p.m.**

Please contact Randi Carreno, Teen Services Librarian, with any questions or concerns.

Randi Carreno, Teen Services Librarian
 Phone: 630.685.4175
 Vortex: 630.685.4199
 fountaindaleteen@fountaindale.org