

Gr. 4-6 Girls on the Move 3:30 pm – 5:00 pm

September & October

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6	7
10	11	12	13	14
17	18	19 After School	20	21
24	25	26 Lunch	27	28

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3 After School	4	5
8	9	10 Lunch	11	12
15	16	17 After School	18	19
22	23	24 Lunch	25	26
29	30	31		

**** Please make arrangements to pick up your child or have them walk home.**



Girls on the Move Permission Slip

PLEASE REMEMBER TO COMPLETE THE BELOW PERMISSION SLIP AND RETURN TO SCHOOL PRIOR TO THE ACTIVITY

Hand in to Mrs. Lang

Grade _____

_____ will be attending the BTB program

(Students name)

___ I will pick up my child from the program at 5:00PM

___ My child will be walking home

___ I have made alternative arrangements for my child's safe return home. The arrangements are:

_____ Phone# _____

Parent/Guardian signature

Check off the boxes you will be attending and then don't forget to mark your agendas and calendars at home.

September
<input type="checkbox"/> Sept. 19 th After School
<input type="checkbox"/> Sept. 26 th Lunch

October
Oct. 3 rd After School
Oct. 10 th Lunch
___ Oct. 17 th After School
___ Oct. 24 th Lunch