



**PREP4Kids**  
SHAPING KIDS' HEARTS for LIFE

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**PERMISSION SLIP - October 2020 - May 2021**

**PLEASE PRINT CLEARLY**

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Apt.# \_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Birthday \_\_\_\_\_ Food Allergies \_\_\_\_\_  
Parent name (printed) \_\_\_\_\_ Signature \_\_\_\_\_

**PLEASE SELECT AS MANY OR FEW AS YOU LIKE**



\_\_\_ 1. I would like my student to receive the **monthly verse and activities**.



\_\_\_ 2. I will allow my child to receive periodic **phone calls** from their PREP teacher.  
(Calls will be for encouragement, no more than 5 minutes, & only when you as parent/guardian are at home.)



\_\_\_ 3. My student has **internet access**.  
(We will occasionally post new things on our website: prep4kids.org)



\_\_\_ 4. My student has permission to participate in periodic "**zoom visits**" with their PREP teacher & fellow students.  
(Again, only when you are also at home & scheduled ahead of time.)



\_\_\_ 5. My student can receive birthday & encouragement **cards** from PREP4Kids teachers.



\_\_\_ 6. Our family would like to be included in any "**drive-by**" activities planned for this year.  
(Dates would be announced in advance.)



\_\_\_ 7. I would like **additional permission slips** to give to friends/family.

\_\_\_ 8. We do not want to participate this year.