



Windsor Discovery Center
114 Palisado Avenue
Windsor, CT 06095

I, _____, hereby give permission for my child to be released after school to the Windsor Discovery Center for the 2013/2014 school year.

Child's Name: _____

Child's School _____ Grade: _____

Schedule: Please circle all days that apply:

Monday

Tuesday

Wednesday

Thursday

Friday

Date

Signature of Parent

Date

Authorized Signature - WDC

Please return this form with your registration to the Windsor Discovery Center for dispersal to the schools.