



Leap Into Your Greatness

To Whom It May Concern:

I give my child _____ permission to be released from _____ to an adult representative of Jeté Dance Center Monday-Friday, at 3:00pm, for his/her after school activities at Jeté dance Center, located at 274 3rd Avenue, Brooklyn, NY 11215

By signing below, I acknowledge that my child will be picked up and escorted via chaperoned walking trip from _____ to Jeté Dance Center at 274 3rd Avenue.

I will notify the Executive Director of the program via email at tamia@jetedance.com and/or call at 718-313-8037 before 12:00 pm if my child will not be participating in after school pick up due to illness or other emergency.

Please circle days for pickup. Days are not subject to change weekly. Doing so will result in withdrawal from the free pickup program at your school.

Monday Tuesday Wednesday Thursday Friday

Date: _____

Signature of Parent/Guardian: _____

Phone # _____

Email _____

Emergency Contact _____

Phone # _____

Student's Name (Print): _____

Class & Teacher: _____

Signature: _____