



School:

Session Dates:

Facilitator:

Inside Out Social Skills 4 Youth Program Parent Consent

I (parent name)_____give permission for my Child (child name)_____to participate in the Inside Out Social Skills 4 Youth Program. I understand that this program is a 10 week program and requires 100% attendance. I have been notified that the program will operate from _____ on _____ afternoons. I also agree that my child will stay in the program, and I *will not pick up my child early* on the day of class.

Additionally, by signing below, I authorize Inside Out Social Skills 4 Youth personnel to take photos, videos, and testimonials of the sessions to promote future marketing of the program.

Student Name:

Grade:

Print Parent Name: _____ Phone: _____

Parent Signature: _____

Email Address: _____

Mailing Address:
