

Jefferson Teen Center ~ Parent/Guardian Consent Form

The JTC is open for after school support with guidelines to best keep everyone safe. We want to make sure that you approve your child coming to the teen center with this consent form. Students will need this to be filled out and signed by you to join us for after school programming.

Please note below our new schedule & updates online at www.JeffersonTeenCenter.org

Student's First & Last Name: _____ Grade/Age: _____

Email address: _____ Phone number: _____

I give, _____ the permission to attend the Jefferson Teen Center

Students must come directly to the JTC after last bell and sign in. Students must stay at the JTC the entire time until signing out, unless otherwise arranged.

Transportation: _____ will be picked up by _____, _____

(student name)

(parent/guardian name), (relation)

Please pick up student at North end parking lot near tennis court & greenhouse

Or _____ will bike or walk home at _____.

(student name)

(circle)

(time)

Any concerns that the JTC staff should know about student: *(ex. allergies, medications, behavior concerns, etc.)*

Interest's student would like to participate in: *(ex. Internet, art, music, homework help, technology, or other)*

I give the Jefferson Teen Center permission to take and use promotional photos of this student at the teen center. Y / N *(circle)*

Parent/Guardian First & Last Name: _____ Phone number: _____

Email address: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

-----Detach for your information about the JTC-----

Jefferson Teen Center

(9/2023)

Monday, Tuesday, Thursday & Fridays

2:20pm – 3:20pm

Wednesdays

1:20- 2:20pm (early release)

Extended Hours TBA

We are located behind the Chimacum High School, portable building
Rm. 210/211 91 W. Valley Rd. Chimacum, WA Email: jeffersonteencenter@gmail.com

www.JeffersonTeenCenter.org & find us on [Facebook](#) 360-302-5939

JTC Mailing Address: PO Box 126 Port Hadlock, Wa 98339