

# Kindness Rocks!

Please fill out the information below and return it to the FRONT OFFICE. Please complete a form for each child. Kindness Rocks will be **Thursday November 2 and 9, 2017 from 3-4** in Mrs. Tourtillott's room (250).

**Student Information:**

Student's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Please let us know if your child has any physical limitations and/or food allergies.

I give permission for my child to participate in this activity.

Parent/Guardian Signature \_\_\_\_\_

# Limited to 20 students!