



**PARENT/GUARDIAN PERMISSION FORM**

My child: \_\_\_\_\_

Age: \_\_\_\_\_

has permission to participate in Watching movie on Sunday, April 1, 2007 at Multiplex Cinemas at Town Center Plaza Route 130, East Windsor, 609-371-8472

**My child has:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Other health Issues: \_\_\_\_\_

**During the activity, I (we) can be reached at:**

Phone number: \_\_\_\_\_ Phone number(Cell): \_\_\_\_\_

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number(Cell): \_\_\_\_\_

**MOVIE CHOICES**. (Please pick one)

- Meet the Robinsons
- Other (TBD): \_\_\_\_\_

**Child under 10 MUST be accompanied by an adult.**

Name of adult attending (if applicable): \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number(Cell): \_\_\_\_\_

**IMPORTANT – PLEASE READ:**

- Parent/Guardian must complete and **return this form to CJSA School by Sunday, March 25, 2007.**
- On the day of the event, **Parent/Guardian is responsible for drop off and pick up of the child at the theater.** We will inform you of these times closer to the event date.
- **CJSA will pay for the ticket of CJSA students only.** Child cannot purchase food or drinks at the theater
- If you have any questions, please contact Nina Singh at (908) 904-9388

Parent or guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed)