

Stretch N Grow

I am the parent or legal guardian of

_____.

I give my written permission for Tom Duff and their instructors from Stretch-n-Grow to pick my child up from his/her classroom at noon and attend the Stretch-n-Grow program that he provides for children at Crosspoint United Methodist Church. I am aware that the teacher for Stretch-n-Grow is not an employee of Jackson Children's Academy.

Signature _____

Parent/Guardian

Date _____