

# THE Cornwell Center



2001 Selwyn Avenue, Charlotte, NC 28207  
www.cornwellcenter.org  
704-927-0774

## MPBC-THROUGH THE WEEK SCHOOL

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
(please print name) (please print name)

to be picked up by The Cornwell Center Staff to attend the After School Program. If my child will not be attending After School, I will provide written notification to The Cornwell Center.

Teacher Name \_\_\_\_\_

Room Number \_\_\_\_\_

First Day of After School \_\_\_\_\_

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

Date \_\_\_\_\_