



Our Lady of Mt. Carmel  
Cedar Avenue  
Berlin, NJ 08009  
After- School Program

To the Staff:

My child/children have permission to leave the ***Our Lady of Mt. Carmel School After- School Program*** with the following people only:

Child/Children's name: \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature \_\_\_\_\_