

# MERGE

## **MiddleSchool Early Release Group Extreme**

A Free Middle School Early Release day program to provide safe, fun and engaging activities for youth in the 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade.

- On all early release Mondays (based on Vancouver Public Schools' Calendar)
- From 2:50 pm until 4:30 pm (All youth are expected to stay entire time)
- At Trinity Lutheran Church  
309 W 39<sup>th</sup> Street, Vancouver WA

Trinity Lutheran Church offers middle school aged teens in our part of Vancouver a place to build healthy relationships and participate in healthy fun during the afterschool hours on early release Mondays in the school year.

This program is free to all youth 6<sup>th</sup> through 8<sup>th</sup> grade and will include (all supervised) games, food, down time with foosball and ping pong and other options, some faith-based programming, and overall peer bonding.

If you would like your middle school teen/preteen to participate, please fill out the permission form below and return to Trinity Lutheran Church.

*Note: the first day for MERGE this school year is Monday September 17.*

Trinity Lutheran Church  
309 West 39<sup>th</sup> Street, Vancouver WA 360-695-1221  
[www.trinityvancouver.org](http://www.trinityvancouver.org)

# MERGE

Middle School Student's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Student's Address \_\_\_\_\_

Parent(s)/Guardian(s)' Name \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number(where I can be reached between 2:50 & 4:30) \_\_\_\_\_

Second Contact Name and Phone Number \_\_\_\_\_

Authorized way home for student: My son/daughter has permission to...

\_\_\_\_\_ Ride bike home

\_\_\_\_\_ Walk home

\_\_\_\_\_ I will pick up from Trinity Lutheran at 4:30 pm

\* Student's Allergies \_\_\_\_\_

\*Student's Special Needs \_\_\_\_\_

\*Other instructions \_\_\_\_\_

My son/daughter \_\_\_\_\_ has permission to participate in all activities during **MERGE** at Trinity Lutheran Church, Vancouver Washington, on all early release Mondays.

I also give my permission for program leaders to obtain any needed emergency medical treatment if I cannot be reached.

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

Date \_\_\_\_\_

Please return form to:

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