



Friday, March 30, 2018 Come Join the City of District Heights

Family and Youth Services Bureau
For our free Money Matters Workshop and
college tour to



University of District of Columbia

Transportation will be provided to University of D.C.!

Bus leaves the City Municipal Building Parking Lot

promptly at

9:45 am and will return by 3:30 pm

Sign up is necessary!

Deadline to sign up: Thursday, March 29, 2018



District Heights Family & Youth Services Bureau

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https://www.facebook.com/districtheights.ysb

Prince George's County Public Schools is not sponsoring, endorsing, or recommending the activities announced in this material/flyer.



DISTRICT HEIGHTS FAMILY & YOUTH SERVICES BUREAU

College Tour Permission Form

The DH Family & Youth Services Bureau will tour:

UNIVERSITY OF DISTRICT OF COLUMBIA

| Date | March 30, 2018 | Time | 9:00 a | m – 3:30 pm | |
|---|--|------|--------|---|--|
| Location | 4200 Connecticut Avenue, NW Washington, DC 20008 | | | | |
| Cost | \$0 but students/parents must provide funding for lunch. | | | | |
| Transportation | Provided by The City of District Heights | | | | |
| MORNING DROP-OFF LOCATION>> | | | | PICK-UP LOCATION>> | Please arrive between 2:30 pm – 3:00 pm 2000 Marbury Drive District Heights, MD 20747 Office: 301-336-7600 Director's Cell: 301-765-4747 |
| PLEASE NOTE: 2 ND EVENT | Money Matters Workshop When: Friday, February 9 th Where: DH Commissioner's Chambers Time: 5:00 pm – 6:30 pm Interested in having your child attend this workshop? | | | Yes No A LIGHT MEAL AND BEVERAGES WILL BE SERVED AT 4:00 PM | |
| PLEASE RETURN THIS PERMISSION SLIP BY E-MAIL, FAX OR IN PERSON BY: March 29, 2018 | | | | | |
| Parent/Guardian Name/Phone #: (please print) | | | | | |
| Parent/Guardian Email Address: (please print) | | | | | |
| Home Address: | | | | | |
| I give permission for my child NAME: | | | | | |
| to attend the College tour to UNIVERSITY OF DC on Mar | | | | | ch 30, 2018 |
| | From 9:00 am to 3:30pm | | | | |
| I allow the City of District Heights to transport my child and do not hold the city liable for any accident out of an employee's control or will. | | | | | |
| In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: | | | | | |
| Name P | | | | | none |
| Parent/Guardian | | | | | |
| Signature | gnature D | | | | ate |
| PLEASE LIST ANY FOOD ALLERGIES: | | | | | |