



Come Join Us!!

Friday, April 6, 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, April 5, 2018



District Heights Family & Youth Services Bureau

Beverly Sargent, PhD, LCPC, NCC, ACS

Executive Director

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

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DISTRICT HEIGHTS FAMILY & YOUTH SERVICES BUREAU

College Tour Permission Form

The DH Family & Youth Services Bureau will tour:

UNIVERSITY OF DISTRICT OF COLUMBIA

Date	April 6, 2018	Time	9:45 am – 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>>	PLEASE ARRIVE BETWEEN 9:30 am – 9:45 am 2000 Marbury Drive, District Heights, Md 20747 Any questions about this trip, please contact us Office: 301-336-7600 Director's Cell: 301-765-4747	PICK-UP LOCATION>>	Please arrive between 3:30 pm – 4:00 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

April 5, 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 April 6, 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

Phone

Parent/Guardian

Signature

Date

PLEASE LIST ANY FOOD ALLERGIES:

NO SHOWS WILL BE CHARGED A \$25 NO SHOW FEE