Splash GUEST permission form 2014

STUDENT INFORMATION

Student's Name:	<u> </u>	Grade:	
Parental contact(s):			
Home Phone:	Cell Phone:	Texting: Y or N	
Dates your student plans t	o attend the Splash program a	t St. Paul UCC-New Bremen:	
	d like them to be a part of the	time that your student will be attending the carpool. Call or text 419-773-9610, or ema	
PERMISSION TO ATTEN I give permission for our (r activities sponsored by St.	my) child,	, to attend and participate in Splash	
Signature:		Date:	
adult volunteers to field trip	ANSPORTED my) child, os and service projects sponso		′
TRANSPORTATION TO S			
Paul United Church of Chr	ist on Wednesday afternoons.	New Bremen Elementary and taken to St. I also understand that it is my responsibilit to be picked up from St Paul UCC by 5:00	
Signature:		Date:	
No, my child will be arrivin UCC are not responsible f		neans and the staff and volunteers at St. Pa	aul
Signature:		Date:	