

UNIVERSITY CHURCH OF CHRIST MOTHER'S DAY OUT / PRESCHOOL

AUTHORIZATION INFORMATION

Child's Name: _____ Date of Birth: _____

Parent's Names: _____

Yes No I give my permission for my child to receive medical attention if I or a designated relative or friend cannot be contacted

Family Physician: _____

Physician Phone: _____

Yes No I give permission for my child to go on any field trip during the year.

Yes No I give permission for the below listed person(s) to pick up my child from Mother's Day Out or Preschool

1. _____

2. _____

3. _____

4. _____

By signing this form, you are acknowledging that in the event of any type of injury to your child, the church's insurance will only be secondary to your insurance. In other words, we would only file an insurance claim on the church's policy after you had filed a claim on your own insurance.

Parent Signature: _____ Date: _____

SUBSTITUTE REQUEST

Yes No From time to time, substitute teacher are needed in the classrooms. We would like to use parents who are willing to help. You will be paid \$65 for each day you sub. Please let us know if you are interested!

Best phone number to reach you: _____