

COMMUNITY DAY PROGRAM

REGISTRATION CHECK IN & CHECK OUT FORM WEEK OF JULY 23rd, 2018

Albert Lea Pool Day Wednesday (No Alternative Care for those not attending)

Child's Name:

_____, _____,
_____, _____

Check in Time

Check Out Time

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

As a Parent or Guardian of Child(ren) named above I accept the conditions of enrollment and give permission for my child(ren) to participate in the 2018 Community Day Program at First Baptist Church of Clarks Grove. I understand that my child(ren) will be going to the Albert Lea Pool on Wednesday the 25th from 9am- 12pm. I understand that if I do not want my child to attend the Albert Lea Pool outing that I am responsible for finding alternative care. There will be no Day program staff left at the church. I also understand they may be walking to local parks. I authorize my child(ren) to attend the Albert Lea pool outing, walk to local parks and I have read the rules and regulations and understand them. I agree to the rules and regulations and my child will adhere to these rules. I/We understand and agree to use the electronic check in/Check out system and those not listed above will not be allowed to check out your child(ren).

I/We, the undersigned, release FBC Clarks Grove and any of its authorized agents from any obligation or liability, actual or implied, concerning Community Day Program or said outings.

Signature: _____ Date: _____