

# COMMUNITY DAY PROGRAM

REGISTRATION CHECK IN & CHECK OUT FORM WEEK OF JULY 28TH, 2024

LAST WEEK PLEASE TAKE EVERYTHING FROM CUBBIE HOME OR IT WILL BE DONATED

Child's Name:

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_

Check in Time	Check Out Time
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	

**Do not write in times expected to drop off and pick up, must be actual time and initial.**

\_\_\_\_\_  
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 2024 Community Day Program at First Baptist Church of Clarks Grove. I understand that my child(ren) may be walking to local parks. I authorize my child to 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 check in/Check out system and those not listed above will not be allowed to check out your child(ren). **I Understand my child(ren) are not sick and before sign in each day prior to arrival, I certify my child(ren) do not have a Temperature over 99.8.**

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: \_\_\_\_\_

**LAST WEEK PLEASE TAKE EVERYTHING HOME FROM CUBBIE BY THE END OF WEEK OR IT WILL BE DONATED!**