



**PERMISSION FOR ATTENDANCE AT
CONNECT Elementary After-school Program
RITTMAN UNITED METHODIST CHURCH**

_____ (Student's Full Name – Please Print) _____ (Grade) _____ (Teacher's Name)

has permission to attend the CONNECT Elementary After-school Program: Tuesdays following school until 5:00 PM.

_____ I understand that if there is no school, then CONNECT will not meet.

How child will arrive at CONNECT

_____ will be escorted from Rittman Elementary School following the school day.

_____ will be dropped off at the church by parent or caregiver.

How child will go home at 5:00

_____ will be picked up by (_____)

Name of parent or caregiver with permission to pick up

_____ will be escorted back to after-school care at Rittman Elementary.

- EACH YOUTH MUST HAVE A SIGNED EMERGENCY MEDICAL FORM TURNED IN WITH THIS PERMISSION FORM, OR SIGN BELOW TO GIVE PERMISSION FOR THE SCHOOL TO SHARE PERTINENT INFORMATION WITH THE CONNECT PROGRAM LEADERS.
- I, _____, GIVE PERMISSION TO RITTMAN ELEMENTARY SCHOOL TO SHARE INFORMATION ABOUT MY CHILD, _____, WITH THE CONNECT PROGRAM LEADERS AT RITTMAN UNITED METHODIST CHURCH.

Permission and Liability Waiver

I, the undersigned, do hereby attest and state that I am parent/guardian and/or other duly appointed legal representative of the above-named student and that I am fully authorized to make all the representation contained herein. I give my permission for the above-named student to be released from the Rittman Schools at the end of the school day on Tuesdays for the purpose of attending the CONNECT After-school Program. I recognize in connection with such program that certain risk may occur, including but not limited to, hazards of accidents, personal injuries, and acts of third person. I hereby voluntarily assume such risk. In consideration of the benefits to be attained by my child in participating in this program, I do hereby waive, release and forever discharge from any liability whatsoever the Rittman United Methodist Church, church leaders, CONNECT leaders and volunteers for any actions or caused of actions whatsoever which may be occasioned by or arise from my child attending this After-school Program.

Medical Information and Release

If my child has medical conditions that the CONNECT leaders and volunteers should be aware of. Please list and explain them below. If I cannot be reached, I hereby authorize the CONNECT Program staff permission to act on my behalf in a medical emergency.

Allergies – Food & Medicine

I give permission for those leading the CONNECT Program to take photos of my child for printed flyers and promotional purpose. **Yes No (Circle One)**

Legal Guardian’s Print Name _____

In the event of CONNECT having to be cancelled on any Tuesday, my child is to be sent home by regular dismissal plans. _____ YES _____ NO
If NO, please explain what the plan should be -

Permission Duration

If you desire to change any of this information, you may do so at any time by written notification of change to the school and Rittman United Methodist Church. This information will remain on file and effect for the School Year with the school and the CONNECT Program.

I, the undersigned, do hereby attest and state that I have carefully read the above release, know its content, and I sign this release at my own free act

PARENT’S NAME (PLEASE PRINT) _____

PARENT’S SIGNATURE _____ **DATE** _____

PARENT’S PHONE NUMBER _____

PARENT’S ADDRESS _____

Let us know if you have any questions. Pastor Ruthie Trigg – 330-715-5506