

**Kid's Klub**  
**Wednesdays 3:45 pm**



**Royston First United Methodist**

137 Franklin Springs Street  
Royston, Georgia 30662  
706-245-7402

In order for your child to be picked up and participate we must have our Parental Permission Slip on file in advance.

My son/daughter \_\_\_\_\_ is hereby granted permission to:

- \_\_\_\_\_ 1. Attend Kid's Klub
- \_\_\_\_\_ 2. Ride the church bus from Royston Elementary School to Royston First United Methodist Church.
- \_\_\_\_\_ 3. Permission is granted for any pictures taken of my child at this event to be used on the web site, church bulletin boards and church directory.
- \_\_\_\_\_ 4. Permission is granted for any pictures taken of my child at this event to be used on the web page Children In Motion.
- \_\_\_\_\_ 5. Permission is granted to seek emergency medical care if necessary for my child.

It is my understanding that every precaution for safety within reason will be taken for those attending and that proper supervision will be provided by the church. Initials \_\_\_\_\_

I understand Royston First United Methodist Church staff and volunteers are unable to administer any medications. Initials \_\_\_\_\_.

Food/Medicine Allergies \_\_\_\_\_.

Child's Name: \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender **M** **F**

Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

These guidelines are in compliance with United Methodist Church Safe Sanctuary Rules.

\*Parental agreement: I understand that neither Royston First United Methodist Church, nor its employees or volunteers, can be held responsible for any injuries received by my child while en route to or from this activity or while attending this activity. In case of emergency, the church's employees or volunteers have my permission to call doctors, ambulance, or use any hospital in the child's best interest.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_