



After School Special Permission Slip

Wednesdays at Croton Church of Christ (Kidz Zone)

Please complete the **REQUIRED** form by September 29, 2021 to sign-up your child for the after school program taking place at Croton Church of Christ (Kidz Zone—40 S. Main St. 43013). Programs are available for students grades K-5. Your child will ride the Northridge school bus to Croton Church of Christ after school on Wednesdays. Croton Church staff will meet the students at the bus upon arrival to Croton. Part of the program includes a healthy snack (please notify the church staff in advance, in writing, if your child has any food restrictions due to allergies/sensitives OR provide your child with a snack prepared at home).

Please check the dates your child will participate:

Oct. 6 Oct. 13 Oct. 20 Oct. 27 Nov. 3
 Nov. 10 Nov. 17 Dec. 1 Dec. 8 Dec. 15

Please pick up your child by 5pm.

I hereby give permission for _____ (child's name) to ride the Northridge Local School Bus from the school to Croton Church of Christ to participate in the Croton Church of Christ's after school programs. By checking the line to the left of the above dates, I am giving permission for my son/daughter to participate in the programming those days.

Students Name: _____ / Grade _____

Parent/Guardian Name(s) _____

Parent/Guardian's phone number(s) _____

Parent/Guardian's email: _____

After school program Pick-up Authorization and Release

I understand that my child will only be permitted to leave with the parent/guardian or the person(s) named here. The following person(s) may pick-up my child from the after-school program.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I understand church staff and volunteers will supervise the programs. IF a serious illness or injury develops and medical and/or hospital attention is necessary, I give permission for emergency treatments or surgery as recommended by an attending physician. I can specifically release and discharge, in advance, the Croton Church of Christ, its directors, employees, and volunteers from any and all liability, whether known or unknown. I agree to accept responsibility for the risks that may occur.

I hereby agree to waive, release and discharge any and all claims for damages, for death, person injury or property damage which my child may have or which may hereafter accrue as a result of my child's participation in this program against their person or entity, whether such injury or damage was foreseeable. This acknowledgement of an assumption of risk and release shall be binding upon heirs and assigns.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Printed Name _____

NOTE: AFTER SCHOOL PROGRAM WILL BE CANCELLED IF NORTHRIDGE SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER.

For more information or if you have any questions please contact:
Traci Laslo at Croton Church of Christ (740-893-3191 or connect@crotonchurch.com)