



First United Methodist Church

217 South Church Street

Salisbury, NC 28144

704-636-3121

afterschool@fumcsalisbury.org

After School Child Care Travel and Activity Authorization

I, _____ give my permission to First United Methodist Church of Salisbury After School Child Care Program for my child, _____ to participate in the _____ activity.

When _____

Where _____

Departing Time _____

Returning Time _____

Your child will need to bring the following for this activity:

Packed Lunch

Extra Money

Additional _____

I understand that First United Methodist Church After School Child Care Program of Salisbury will use the appropriate child restraint devices and abide by all the safety rules when my child is transported in a vehicle. The facility will also notify each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date