



First United Methodist Church
After School Child Care
217 South Church Street
Salisbury, North Carolina 28144
(704) 636-3121 (704) 433-6679

After School Child Care Transportation Forms

Name of Child (First)_____ (MI)_____ (Last)_____ (Nickname)_____

Daily School Transportation

I, _____ give my permission to First United Methodist Church of Salisbury After-School Child Care Program to transport my child daily from _____ School.

In case of inclement weather (early dismissal due to inclement weather), I will make alternate arrangements for transportation. I understand I am responsible for calling my child's school with these alternate transportation arrangements each time.

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 staff will also notify each time that my child is to participate in any other activity that would involve transportation.

Parent/Guardian Signature _____ Date _____

Special Field Trip Activities (Blanket Authorization)

Individual permission slips will be sent home for each activity. This authorization will only be needed if your child does not return their permission form for the trip and a staff member contacts you for verbal approval to participate in the activity.

I, _____ give my permission to First United Methodist Church of Salisbury After School Child Care Program to include my child in activities as long as I give verbal permission. Specific notation of the contact will be noted here by the staff member contacting for approval.

Parent/Guardian Signature _____ Date _____

After School Child Care Photographic Permission Form

During the course of the year, First United Methodist Church of Salisbury and the After School Child Care Staff will take photos/videos to use in special publications and/or projects. Please let us know if you give permission for your child to be included in these.

- ☐ I **give** permission for my child to be included in these photos/videos.
- ☐ I **do not give** permission for my child to be included in these photos/videos.

Parent/Guardian Signature _____ Date _____