

TWEEN ACTIVITY PERMISSION SLIP



Child's Name: _____

Parent's Name: _____

Phone Number: _____

Allergies: _____

Emergency Contact: _____ Phone #: _____

I, _____, give my child permission to attend and participate in Soapstone United Methodist Church's Tween Activity _____ on _____.

I (circle one) do / do not give permission for my child's picture to be used in Soapstone's print media or the church website.

Parent's Signature: _____

Date: _____

If you are not joining us, who will be providing transportation for your child?

Drop Off: _____

Pick Up: _____

If you have any questions, please contact the
Director of Children's Ministry, Susan Polk, spolk@soapstoneumc.org.