Half Day Hospitality Permission Slip

I give my child	<i>,</i>	1			
			Print Child		
permission to	participate i	in Half Day	y Hospitality at	t Good She	pherd Catholic
Church, 400 N.	. Saginaw St	reet, Mon	trose, MI		
Circle Dates:	Sept. 13	Oct.	20 Nov. 8	Dec. 13	
	Jan. 10	Feb. 7	March 13	April 17	May 10
				-	-
Please be awa	re of my chi	ld's allerg	ies:		
	•	J			
I understand t	he program	is noon-4	:30 p.m. and I	must pick u	p my child at Good
Shepherd Cath					,,,
If there is an e	mergency, r	olease call	•		
ii tiicic is uii c	mergency, p	orcase can	 Name		Telephone
Child's Name:					-
Ciliu s Name.					
0 al al					
Address:					
/-					
Parent/Guardi	an Name: _				
Parent Telepho	one:				
Space is	7				
limited to					Good Shepherd
50 students K-7 th grade					Catholic Church
K-7 grade		. /	1		400 N. Saginaw
	-		7.	-	Street
					Montrose, MI 48457
	77/		7	7 7	810 639-7600
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