

Half Day Hospitality Permission Slip

I give my child, _____,

Print Child's Name

permission to participate in Half Day Hospitality at Good Shepherd Catholic Church, 400 N. Saginaw Street, Montrose, MI

Circle Dates: Sept. 13 Oct. 20 Nov. 8 Dec. 13
 Jan. 10 Feb. 7 March 13 April 17 May 10

Please be aware of my child's allergies:

I understand the program is noon-4:30 p.m. and I must pick up my child at Good Shepherd Catholic Church.

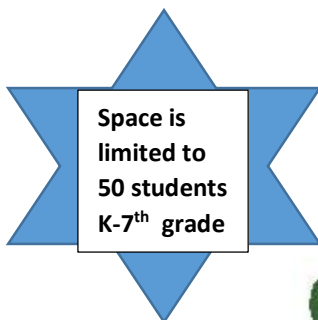
If there is an emergency, please call: _____
Name Telephone

Child's Name: _____

Address: _____

Parent/Guardian Name: _____

Parent Telephone: _____



Good Shepherd
Catholic Church

400 N. Saginaw
Street

Montrose, MI 48457

810 639-7600