

HoopEd Information and Permission Form 2018

Child's Name: _____

Child's Date of Birth: _____

Session Child is Attending: (check all that apply)

@ Grace Episcopal Day School	@ St. Bartholomew School
<input type="checkbox"/> Week 1 (June 18-22) <input type="checkbox"/> Week 2 (June 25-29) <input type="checkbox"/> Week 3 (July 2-6) <input type="checkbox"/> Week 4 (July 9-13) <input type="checkbox"/> Week 5 (July 16-20) <input type="checkbox"/> Week 6 (July 23-27) <input type="checkbox"/> Week 7 (July 30 - August 3) <input type="checkbox"/> Week 8 (August 6-10) <input type="checkbox"/> Week 9 (August 13-17)	<input type="checkbox"/> Week 1 (June 18-22) <input type="checkbox"/> Week 2 (June 25-29) <input type="checkbox"/> Week 3 (July 16-20) <input type="checkbox"/> Week 4 (August 20-24)

Pick Up Authorization:

Please list people that are authorized to pick up your child and their phone number:

Name

Phone #

_____	_____
_____	_____
_____	_____

Please note if there are any custody concerns we should be aware of:

Late Policy:

If your child is not enrolled in aftercare and you are late to pick up your child, your child will participate in the aftercare program for a fee of \$25. Additionally, if your child is in aftercare and you arrive after 6pm, there will be a \$1 a minute charge starting at 6:05. These fees must be paid at pick up.

Sunscreen Agreement:

I will apply sunscreen to my child prior to drop off. I will send a bottle of sunscreen with my child's name on it and I give the GracEd staff permission to apply it throughout the day as needed.

Parent/guardian signature

Date