



315 No. 3rd St., P.O. Box 460
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PARENTAL CONSENT STATEMENT FORM

I hereby consent to let my child, _____ ,

DOB: _____ Age: _____ Grade: _____, participate in the

following event: 2-12 Gr. After School Program hosted by Elma Alliance Church .

Following the program which runs from 3pm to 5pm my child will be:

(circle one) Walking Home / Picked Up / Staying for Dinner and CMAX
(2nd thru 5th grade only unless volunteering)

(Information will extend to leaders/tutors only, confidentiality will be maintained.)

Are there any limitations/allergies to food the tutors should know about your child? _____

(If your child is to be picked up:)

My child may be released to : _____ Phone: _____

My child may be released to : _____ Phone: _____

Is there anyone your child should not be released to or any other information we should be aware of? _____

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness, *Elma Alliance Church, its staff and its volunteers* are hereby released from any liability.

Signature: _____ Date: _____

Printed Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____