

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
UNIVERSITY HOUSING

I _____, give my child _____ permission to attend the **Rise and Shine Program** at the Family Resource Center at Southern Illinois University Edwardsville; In doing so, I also agree to help enforce the rules of the University Housing Family Resource Center, support the Family Resource Center Staff, and participate in Activities and Behavior Progress Report and the Parent/Guardian and FRC Consultation.

I understand that there are risks inherent in the activities during the Rise and Shine program which could include bodily injury, death and property damage. By giving my child permission to attend the Rise and Shine Program at the Family Resource Center and by signing this form, my child and I fully assume all risks of the program.

Emergency Information:

Child's Name: _____ Parent's Name: _____

Apartment #: _____ Contact Phone #(s): _____

Email: _____

In case of an emergency call: _____

Please list any food or other allergies: _____

Please list any medical restrictions your child may have (i.e. asthma):

(Parent's signature)

(Date)

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I _____, give my child _____ permission to attend the **After School Program** at the Family Resource Center at Southern Illinois University Edwardsville; In doing so, I also agree to help enforce the rules of the University Housing Family Resource Center, support the Family Resource Center Staff, and participate in “Activities and Behavior Progress Report” and “Parent/Guardian and FRC Consultation.”

I understand that there are risks inherent in the activities during the Rise and Shine program which could include bodily injury, death and property damage. By giving my child permission to attend the Rise and Shine Program at the Family Resource Center and by signing this form, my child and I fully assume all risks of the program.

Emergency Information:

Child’s Name: _____ Parent’s Name: _____

Apartment #: _____ Contact Phone #(s): _____

Email: _____

In case of an emergency call: _____

Please list any food or other allergies: _____

Please list any medical restrictions your child may have (i.e. asthma):

(Parent’s signature)

(Date)

Schedule

Please indicate the days your child/children will be attending the following programs by placing their name in the box.

Rise and Shine Program 7:15am-9:00am

Monday	Tuesday	Wednesday	Thursday	Friday

After School Program 3:30pm-6:00pm

Monday	Tuesday	Wednesday	Thursday	Friday

***Please fill this out and return it to the FRC.
This schedule helps the FRC know when and what children are attending the FRC programs.**