

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

UNIVERSITY HOUSING

2009 – 2010

I _____, give my child, _____, permission to attend the **Rise and Shine Program and/or the Afterschool 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 Reports and the Parent/Guardian and FRC Consultations.

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: _____ Apartment #: _____

Child's Birthday: _____ E-mail: _____

Parent/Guardian(s) Name(s): _____

Parent/Guardian Phone #s: _____ Emergency

Contacts: _____ Name, Phone #

Name, Phone #

Name, Phone #

Please list any food or other allergies:

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

The FRC has my permission to take pictures of my child for FRC purposes, activities, and crafts: YES NO

(Parent/Guardian's signature)

(Date)

*** Please complete both sides of Permission Form ->

Schedule: Please indicate the days your child 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

* This schedule is to inform the FRC when to expect your child at the FRC and will be strictly adhered to.

Authorized Individuals to Pick-up Child: Please list any individual(s) that you as the parent/guardian are granting to pick up your child/children from the Family Resource Center. **Only the individual(s) listed below will be allowed to pick up your child/children.** For the safety of your child/children, identification of the individual(s) may be required to be presented before the Family Resource Center staff members will allow your child/children to go with them.

Child's Name: _____

Parent/Guardian Name(s): _____

Phone #: _____

Authorized To Pick-Up: Name: _____

 Name: _____

 Name: _____

 Name: _____

* If you would like to add more individuals to this list at a later date, please feel free to come to the Family Resource Center to update your list or contact Kelli Swinton at x5367 or kellhal@siue.edu.