

“Parent’s Day Out” Permission Form

Date	April 27, 2019	Time	From 10:00a.m. to 2:00p.m.
Location	Fayetteville Christian School 2006 Mission Blvd. Fayetteville, AR 72703		
Parent/Guardian			
Parent/Guardian Phone Number			
Other Emergency Contact			
Allergies, Health Issues, or Special Diet Requests	1. 2. 3.		

Please turn this signed form into to the Elementary Office or mail to our address listed above. If there are any questions, please feel free to contact us at 479-442-2565 or Alicia Deavens, 479-283-0125.

Please return this permission slip AND money by: Thursday, April 25, 2019, so that we may order enough food for all the participants.

Names & Ages of Children attending: _____

I give permission for my child(ren) to attend Parent’s Day Out on Saturday, April 27, 2019.
 Grade(s): _____

Enclosed is \$_____ (Exact cash or check made payable to FCS Senior Class Fund.)
 Price: \$10 - 1 child, \$15 - two children, \$20 - three children, add only \$5 per child for fourth child or more!

In case of an emergency, I give permission for my child to receive non-invasive medical treatment for minor scratches or cuts. In case of a major or severe emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date: _____