welcomen welcomen to the WOW Team!

WOW Team!

		Today's Date		
		(Child's Name		M
Birth Date Mo/da Parent's Names			School	
Address	(Mailing)		(City)	(Zip)
Telephone Number	ers(Home)	(Mom)	(Dad)	(Child)
Allergies or situati	(Mom) ons in your child	(Dad) 's life that we sl	(Ch nould know:	ild)
From 3:45-5:00	on Wednesdays	s, parents will	be at (place and	phone number):
Person to be cont			parent is not availabl Phone Numb	
			er School" program? l ng leading, Tea Party,	
Wednesdays? Clas	ses for all ages (i enting Groups, G	including kids Pri rief Groups, Spir	hurch Dinner & Server eK-5th) to follow for t itual Gift Classes, All	hose who are inter-
Permission slip of	on back →→→→-	$\rightarrow \rightarrow $	$\rightarrow \rightarrow $	$\rightarrow \rightarrow $

WOW Fieldtrip Permission Slip

I,	, the parent/guardian of
	, give my child, ,
permission to travel by foot or by ca within Bozeman.	ar to various project destinations
I understand that while traveling to surance coverage for my child will	•
I further expressly authorize and confied medical personnel for my child injury.	
→Parent/Guardian Signature:	Date: