



## First Christian Church United Homework Assistance Program Permission Form

Please print in ink

Student Name \_\_\_\_\_ Grade Level: \_\_\_\_\_

Main tutoring needs: \_\_\_\_\_ Math \_\_\_\_\_ English/Reading \_\_\_\_\_ Science \_\_\_\_\_ History

\_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

My child, \_\_\_\_\_, has my permission to attend the Homework Assistance Program sponsored by First Christian Church United. I understand that the program starts at 5:30 and ends at 7:00. Homework assistance beings at 5:30 until 6:30 with dinner afterwards. I will need to pick my student up at FCCU, 2565 MacArthur Blvd, Lewisville, TX 75067, no later than 7:00 PM.

By signing this form you are agreeing to allow your child to participate in the homework assistance and provide transportation. If your child is not picked up by 7:15 then we will order a GoZone to take him/her home.

As part of celebrating student achievement First Christian Church United may wish to post photographs on FCCU website and social media.

\_\_\_\_\_ **I do** grant permission for my child's photograph to be posted

\_\_\_\_\_ **I do not** grant permission for my child's photograph to be posted

As the legal parent or guardian hereby authorize First Chrisitan Church United to consent to medical treatment for my child in case of accident or illness when I cannot e reached. I understand that every effort will be made to contact me before such action is taken.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Christian Church United Homework Assistance, [homeworkhelp@fccunited.org](mailto:homeworkhelp@fccunited.org), 972-446-9808