

I give permission for my son/daughter to participate in the St. Veronica Catholic Church Summer Volunteer Gardening program starting Tuesday June 21, 2016 through Tuesday August 30 from 6:30-8:00 PM.

Name of child \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_

In case of emergency who should be called?

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Any allergies or medical conditions ? \_\_\_\_\_

---

Please drop off and pick up your son/daughter in front of the church.

