

**Nativity School  
Activity Information**

**Parent: Keep top half for your information**

Activity Nativity Children's Choir

Date \_\_\_\_\_ Cost Admission None

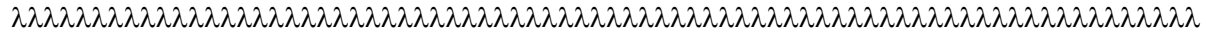
Transportation \_\_\_\_\_ Cost Transportation No

Location Church Emergency Phone \_\_\_\_\_

Starting Time Wednesdays at 3:00PM Ending Time 4:00PM

Adult in Charge Matt Spencer Phone Matt's Cell (859) 814-4094

Other Information \_\_\_\_\_



**Nativity School  
Activity Permission**

I/We, the parent(s)/ guardian(s) of \_\_\_\_\_

Request that Nativity School allow my / our son/daughter to participate in

Nativity Children's Choir Program

I hereby release and name harmless Nativity School and any and all of its employees from any and all liability for any and all harm arising to my son/daughter as a result of this activity.

I can be reached at (phone) \_\_\_\_\_ in case of an emergency.

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date