

STUDENT JOB / SERVICE LEARNING PERMISSION FORM

**UNIVERSAL LEARNING CENTER
17 S. Gilbert St., Castle Rock, CO 80104**

STUDENT JOB PROGRAM:

Every student is asked to participate once a week in helping to keep the Center and the Gym clean. Students are provided with appropriate cleaning supplies as well as gloves as needed. Each cleaning team has a student supervisor who oversees the jobs, as well as a faculty person who makes sure the jobs are going well.

If you do not wish for your child or children to be part of this program, you may sign below to excuse them. However, in the event of accidents which will result in extra cleaning or lost school items, you will be asked to pay a fee for cleaning or replacement as determined by the Directors.

_____ I GIVE PERMISSION FOR MY CHILD OR CHILDREN TO PARTICIPATE IN JOBS. I HEREBY RELEASE THE ULC & SOT FROM ANY RESPONSIBILITY IN THE EVENT OF AN ACCIDENT OR INJURY.

_____ I DO NOT GIVE PERMISSION FOR MY CHILD OR CHILDREN TO BE PART OF THE JOB PROGRAM.

IF WE HAVE MULTIPLE CHILDREN IN THE CENTER, WE WOULD LIKE THIS CHILD OR CHILDREN TO NOT PARTICIPATE IN JOBS: _____

SERVICE LEARNING CURRICULUM:

By their choice, students may elect to participate in community service in the surrounding area. Under the supervision of teachers and volunteer parents, students will be given the opportunity to participate in an already established program or in a program initiated by the Center. Students will be asked to dress appropriately and act in a safe and respectful manner.

Below you can give permission for your student to participate when he chooses to do so. You may also help choose the activities and services your student performs.

_____ I HEREBY GRANT PERMISSION FOR MY SON OR DAUGHTER TO PARTICIPATE, WHEN S/HE CHOOSES TO DO SO, IN SERVICE TO OUR COMMUNITY. I RESERVE THE RIGHT TO ASK THAT S/HE NOT PARTICIPATE IN A CERTAIN ACTIVITY. I HEREBY RELEASE THE ULC & SOT FROM ANY RESPONSIBILITY IN THE EVENT OF AN ACCIDENT OR INJURY.

_____ I DO NOT WISH MY SON OR DAUGHTER TO PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES.

IF WE HAVE MULTIPLE CHILDREN IN THE CENTER, WE WOULD LIKE THIS CHILD OR CHILDREN TO NOT PARTICIPATE IN SERVICE: _____

DATE: _____

MOTHER'S SIGNATURE

FATHER'S SIGNATURE

STUDENT'S SIGNATURE

OTHER STUDENTS IN FAMILY (SIGN HERE):
