
Parent Name (printed) _____

I give permission for my child _____ to participate in the "Temple Shalom Sukkah Sleepover" program, Saturday, October 19, 2019, to Sunday, October 20, 2019. I understand that the program will begin on Saturday evening at 7 pm and will conclude on Sunday morning, with the Pancake Breakfast. Students who are enrolled in Temple Shalom Religious School are expected to participate in Sunday school, beginning at 9:30 am, unless otherwise picked up by parents. I understand that I am responsible for notifying the Education Coordinator if my child is **not** staying for Sunday school and will be picked up.

Students will need to provide the following:

- Sleeping bag, pillow, warm blanket; please have children dressed appropriately for the outdoors, as there will be activities in the sukkah
- Pajamas and anything else they need for a comfortable night, including a change of clothes, as needed (Please label any items that may not be obviously identifiable by your child)
- Clothing to change into for Sunday (it is a pajama day at Sunday school, but if your child prefers to wear regular clothes, s/he should bring those to the sleepover)
- Water bottle

Temple Shalom will provide the following:

- Adult, volunteer chaperones
- Snacks and coordinated activities
- Classrooms in which students will be sleeping
- Pancake Breakfast Sunday morning

Temple Shalom will have volunteer parent chaperones (minimum of 3), including at least one Temple Shalom representative on site over night with the students. Teen volunteers may be on site overnight to assist with programming and sleepover supervision. Separate indoor sleeping spaces will be provided for boys and girls; outdoor sleeping arrangements in the sukkah will be mixed grouping (weather permitting).

I acknowledge that Temple Shalom will provide prudent and reasonable supervision of my child at all times. The facility will be locked beginning Saturday evening at 7:30 pm and will be open Sunday at 6:30 am. No student will be permitted to leave the premises unless an authorized parent/designated adult arrives and signs the student out. Temple Shalom and its employees, members, and parent volunteers are not responsible for any accidents or illnesses which may occur while my son or daughter is participating in this activity.

I agree to pick up my child at Temple Shalom at the regular Sunday school dismissal time of 12 pm, Sunday, October 20. If my child is **not** a student in the religious school, I will pick him/her up by 8:30 am on Sunday, October 20.

Parent Name: _____ Child Name: _____

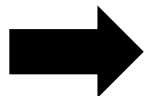
Parent Signature: _____ Date: _____

Parent Contact Information: (cell) _____ (home) _____

Emergency Contact Name: (other than parent) _____

Relationship to student: _____

Contact Information: (cell) _____ (home) _____



Temple Shalom Sukkah Sleepover
Permission Form and Personal Information
Saturday, October 19, 2019 – Sunday, October 20, 2019

Child's name: _____ Age: _____ Grade: _____

Allergies: _____

*Special Instructions: _____

*Please note: Temple Shalom and its volunteers cannot administer medications. If your child requires regular medication, you (the parent) must administer the medication yourself. Children may not self-administer medications while at the Sukkah sleepover without a parent's on-site supervision.