



Laptop Liability Waiver

I understand SACC is not responsible for damaged, lost, or stolen UCS issued devices that my child brings to the School Age Child Care program.

Parent/Guardian Signature: _____ Date: _____

Hand Sanitizer Permission

I hereby give my permission to UCS School Age Child Care program to apply hand sanitizer to my child(ren):

_____ / _____ / _____ daily as needed.

First Child's Name

Second Child's Name

Third Child's Name

Parent/Guardian Signature: _____ Date: _____