

School Age Child Care

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: _____Date: _____

Hand Sanitizer Permission

I hereby give my permission to UCS School Age Child Care program to apply hand sanitizer to

/		_/	daily as needed.
First Child's Name	Second Child's Name	Third Child's Name	
Parent/Guardian Signature:		Date:	
		Dutc	

38901 Dodge Park Rd Sterling Heights, MI 48312

my child(ren):

(586) 797-6980 UCSCommunityEducation.org