

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