

PLEASE DELIVER TO ELEANOR KIEL

C/O FAITH DEVELOPMENT CENTER RECEPTION DESK

Completion and Delivery Deadline: Wednesday, August 30th

Youth Safety Contract

Youth Member Name(s) _____

Parent/Guardian Name(s) _____

I have read and understand the Youth Safety Policies and Procedures for the Church of Saint Ann Faith Development Center. I agree to abide by these policies, and I understand that if I do not, my child's participation in Youth activities at the Church of Saint Ann may be suspended.

Signed _____ (parent/guardian 1) Date: _____

Signed _____ (parent/guardian 2) Date: _____

The Youth Safety Contract and Youth Safety Information Form will be kept on file for emergency use by Director or Parent Monitors (and used in the case of dismissal of Youth to someone other than parent/guardian).