



**Elmwood Sankofa Institute
Parent Authorization/Permission**

I _____ hereby grant
permission for my child(ren) to participate in the Sankofa Institute course at Elmwood United
Presbyterian Church, 135 Elmwood Avenue, East Orange, NJ.

Course Title: _____

Course Start Date: _____

Parent Name (please print clearly): _____

Parent Signature: _____

Emergency Contact Phone Number: _____

Date: _____

Child's Name (please print): _____ Age: ____ Grade: _____

Allergies: _____

Child's Name (please print): _____ Age: ____ Grade: _____

Allergies: _____

Child's Name (please print): _____ Age: ____ Grade: _____

Allergies: _____