

Account/Last Name

First Presbyterian Church
200 West Trade Street
Charlotte, NC 28202

Office Use Only

Name
FOB #
Date Issued
Date Entered
Entered By

**WDS Families - Security Access Application and Agreement
2024-2025 School Year**

		CDC Poplar Street	Courtyard / Reception Entrance – Trade Street	Administration Building – Trade Street	WDS 5 th Street	Loaves & Fishes Poplar Street
	Ministers and Senior Staff	24 hours	24 hours	24 hours	24 hours	24 hours
	Church Staff	Monday-Friday 7:30am-5:30pm	Monday-Friday 7:30am-5:30pm	Monday-Friday 7:30am-5:30pm		
	CDC Staff	Monday-Friday 7:00am-6:00pm	Monday-Friday 7:30am-5:30pm	Monday-Friday 7:30am-5:30pm		
	CDC Parents (FOBs Only)	Monday-Friday 7:00am-6:00pm				
	WDS Staff		Monday-Friday 7:30am–4:00pm	Monday-Friday 7:30am–4:00pm	Monday-Friday 7:30am–4:00pm	
	WDS Parents (FOBs Only)		Monday-Friday 8:30am-2:00pm	Monday-Friday 8:30am-2:00pm	Monday-Friday 8:30am-2:00pm	
	Choirs (FOBs Only)	Sundays 7:00am-1:00pm Wednesdays 5:45pm-10:00pm	Sundays 7:00am-1:00pm Wednesdays 5:45pm-10:00pm			
	Other					

Access is not valid on scheduled days when the church/schools are closed.

The Security Device issued to you will provide you with access to the parking lot gate, Church/School doors (access dependent), time clock (if applicable) and burglar system (if applicable). This is a universal device for this campus and must be safeguarded for your own protection but also for the security of the children we have on campus each and every day and night. To ensure a safe campus, all staff are Required to have this device with them at all times. It will be needed to access the building.

- ☐ I agree to notify the First Presbyterian Church (FPC) Business Manager or designee immediately if my access device is lost, stolen or misplaced. I understand that a \$20 replacement fee may be applied. I accept full responsibility for keeping the device secure at all times. Access devices must be returned within 24 hours of 1) a request made by FPC to return the device, 2) if I resign my position, 3) if my employment is terminated, 4) my child(ren) leave/withdraw from school. Refunds are not given for the return of any replacement devices.
- ☐ I agree not to let anyone enter the building with me unless I personally know them by name and association with the church/schools. If I do not know them, I will ask them to go to the Courtyard entrance for assistance and direction from the Receptionist.
- ☐ _____ Initials required here. I realize that if I do not follow these requirements exactly that I am putting the children, staff, members and visitors of FPC at risk of allowing an unauthorized person to enter the building, possibly finding an access device and using it for unauthorized access to the facilities and potentially inflicting personal injury or physical destruction to this historic facility. Failure to abide by these requirements will result in my forfeiting this privilege.

Security Access Application and Agreement

By signing below, I agree to the above conditions including immediate notification if my device is lost, stolen or misplaced. I further agree that I will not give my device to anyone else to use, including other employees, other school parents, church members, friends or family members.

Date: _____

Printed Name: _____

Signature: _____

Parent 1	
Name	
Address	
Cell Phone #	
Other Phone # (if applicable)	
Email	
Student Name(s)	1.
	2.
	3.

Parent 2	
Name	
Address	
Cell Phone #	
Other Phone # (if applicable)	
Email	