

Extended Care
2009-2010
After School Activities



Please fill out a separate form for each activity

I _____ grant permission for my child _____ to
(Parent/Guardian)
participate in the following activity:

_____ on _____ and _____
(Activity) (Day) (Day)
from _____ to _____.
(Start time) (Finish time)

My child will/will not be returning to Extended Care at the end of the activity.
(Please circle one)

Additional information:

Parent/Guardian Signature: _____

Date: _____

