

RELEASE TO PARTICIPATE – EXTRA CURRICULAR PROGRAM

Child's Name	
School Year	(exact date from/to)
I give permission for my child to participate in offered on the premises of the licensed child care center.	class that will be
I understand that a representative of the child out of care prior to each class and return my child to care My child will not be allowed to leave the premises of the licens	e (sign in) at the end of the class.
. Parent's Signature	
Date of Signature	