



Extracurricular Permission Form

2024-2025 School Year

Please use this form to indicate permission for your child to leave the supervision of the licensed After School care program to participate in extracurricular activities (i.e., scout troops, clubs, sports/music practice, etc.). This form must be signed and dated by a parent/guardian and received by the office before permission to attend will be granted. **Please indicate activity, days and time of absence, in addition to providing a plan for your child's departure and return to program.** A separate form must be completed for each activity in which your child will participate throughout the school year.

I agree that my child is permitted to leave the supervision of the licensed After School care program only if I have provided a signed and completed extracurricular permission form in advance. In the event that I fail to notify After School properly, and in writing, about participation in such activities, I understand my child will remain at the licensed After School care program and follow regular departure instructions.

I understand that if my child is returning to the licensed After School care program from the extracurricular activity, I am responsible for knowing that day's program schedule and providing my child's transportation to the program location (i.e., field trip site) if necessary.

Regarding extracurricular activities not sponsored by or otherwise affiliated with After School, by my signature below, I agree to release After School and its staff from any resulting claims or liabilities for damages or injuries by or to my child, and to indemnify and hold After School harmless from any costs or claims arising from my child's participation in the activity listed, and from any and all damages, injuries, or claims arising after my child has left the supervision of the After School care program.

I hereby authorize my child's participation in the specific activity indicated.


Child's name: _____ Program site: _____

Activity: _____ Room # / Location outside building: _____

Start date: _____ End date: _____ Days of extracurricular activity attendance (check): M T W R F
mm/dd/yy mm/dd/yy

Departure: Leaving After School immediately after check-in (check-in with After School is REQUIRED): _____
Time of departure
 Leaving After School at: _____
Time of departure

Return: Not returning to After School Returning to After School: _____
Time of return

 _____
Signature of parent or guardian Print name Date

Directions: Please check the activity dates on calendar below.

September 2024						October 2024						November 2024						December 2024						January 2025					
M	T	W	R	F		M	T	W	R	F		M	T	W	R	F		M	T	W	R	F		M	T	W	R	F	
	<input type="checkbox"/> 3	4	5	<input type="checkbox"/> 6			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4						<input type="checkbox"/> 1		2	3	4	5	<input type="checkbox"/> 6				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13		<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11		<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8		<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13		<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20		<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18		<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15		<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20		<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	
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February 2025						March 2025						April 2025						May 2025						June 2025					
M	T	W	R	F		M	T	W	R	F		M	T	W	R	F		M	T	W	R	F		M	T	W	R	F	
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Comments: _____