

**ST. PIUS X ACTIVITY RELEASE FORM
EXTENDED CARE**

We are asking all parents with children participating in our after school program to complete the following form. This will help us release your child to an activity and locate your child quickly without the need to contact you. Your cooperation in this matter is greatly appreciated.

Child's Name _____

Grade _____

After School Activity:

PROGRAM _____

Days of the Week _____

Times (from) _____ (to) _____

PROGRAM _____

Days of the Week _____

Times (from) _____ (to) _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FOR ACTIVITIES ON SCHOOL GROUNDS (SCOUTS, SPORT PRACTICES, ETC.). PLEASE GIVE NAME OF COACH, COACH'S SPOUSE, OR OTHER PARENT THAT AFTER CARE MAY RELEASE YOUR CHILD TO FOR A PRACTICE, ETC.

Please leave a phone number to contact you if an activity is cancelled _____

PARENT SIGNATURE _____ DATE _____