

EXTRACURRICULAR ACTIVITY PERMISSION FORM

I (parent/caregiver),	. ,
	, permission to attend the
following extracurricular activity d	uring the Camp Program.
Activity Name:	
Activity Location:	
Activity Day(s):	
Activity Time:	
Activity Beginning & Ending Dates	s:
• • •	Prospect Heights Park District staff member to walk my child from the and/or from the location of my child's extracurricular activity on-site enter.
	Program ends at 6:00pm and After Care staff will not be present must pick the child up directly from the extracurricular activity.
Child's Name:	
Parent/Caregiver's Name (print):	
Parent/Caregiver's Signature	
Date:	