

## **Los Alamitos Unified School District**

Extended Day Care Program

## **EXTENDED DAY CARE ACTIVITY RELEASE FORM**

Child's Name (Print):			Grade:		
As the parent/guardian, I gi	ve authorization to:	/A #	- 4: · 14 · 1/- · · · · · · · · · · · · · · · · · · ·	ot related to the Extended Da	
personnel to sign my child					
Activity/Class Name	Teacher/Instructor	Grade Level(s)	<b>Day</b> (Ex: Monday)	Time of class (Ex. 2:30 p.m. to 3:30 p.m.)	Duration of Program (Ex. 9/28/15 to 11/2/15)
I understand my child will be school and that this outsid provide safe arrival to EDC	e program listed above	will be respo	onsible to chec		` ,
I acknowledge there is no ras the Extended Day Care on not during it. I understand child will be absent from El	Center assumes primai that I will be required t	ry responsibi to notify the s	lity for my chile ite supervisor	d before and after suc by phone no later tha	h activity, but n 12 Noon if my
I further agree that all other	r terms listed in the Pa	rent Respons	ibility Contrac	t continue to apply.	
Parent/Guardian Name (Print	t):				
Parent/Guardian Signature:			Date:		

Original: Day Care Supervisor Copy: Parent/Guardian