

# EXTRA-CURRICULAR ACTIVITIES ESCORT FORM

*CHILDS NAME:* \_\_\_\_\_

I give permission for my child to leave the care of ROSHCA in order to participate in extra-curricular activities at the school during these times:

I will collect my child when the activity finishes: (please circle) YES NO

Day	Period/Dates of Activity		Activity child will be participating in	Timeframe	
	Start date	finish date		Start	Finish
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

- I have reminded my child to ensure that they do not leave the service until their name is marked off by an educator.
- I have reminded my child that they will be escorted to the activity by an educator and that they are to follow any directions given to them whilst en route to and from the activity.
- I understand whilst away from the service participating in this activity, my child will not be under the care of (insert name of service).
- I understand that responsibility for my child will once again be that of the service once my child is collected from the activity and returns to the service.
- I understand that I will still be charged for the time that my child is away from the service participating in extra-curricular activities.
- I undertake to ensure that I notify the service if and when this arrangement changes.

Parent/Guardian signature:..... date:.....

Coordinator's Signature:..... date:.....