

KATIKIDS AFTER SCHOOL CARE

**FOR THE SAFETY OF YOUR CHILD WE NEED PERMISSION TO LET YOUR CHILD GO
WITHOUT YOU SIGNING THEM OUT.**

I give permission to the supervisor to allow my child to leave for other activities or to return home

Childs Name _____

Parents Signature _____ Date _____

ACTIVITY/REASON	DATE	TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I do/do not give permission for the supervisor to sign my child out if I text or phone with authorisation.

Parents Signature _____ Date _____

Further Information:
