

ACTIVITY PERMISSION FORM

Child's name

Cilia stialic			rear	
I, as parent/guardian of the above child, give my permission for them to leave Coogee Care Centre to attend:				
□ Star Time □ Band □ Language □ Other:				
I authorise Centre staff to release my child from care on (please cross):				
Before Sc	chool Care	After S	After School Care	
			□W □Th □F	
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ом от о	W 🗆 Th 🗆 F	□м □т [□W □Th □F	
Start Date	End Date	Departure Time	Return Time	
I understand that Coogee Care Centre is not responsible for my child from the time they leave the Centre until they return and report to a staff member.				
I will ensure that the provider of the activity is aware of their responsibilities during the time my child is in their care.				
The time my child leaves the service and time they return will be documented on the Activity Register. If I pick up/drop off my child at the activity, I will still need to sign the Centre Attendance Roll.				
Parent / Guardian Name:				
Signature*:		Date:	ate:	
*If amailing this form to the Central tuning your name in this hay constitutes your signature				

^{*}If emailing this form to the Centre, typing your name in this box constitutes your signature.

A separate form must be completed for each child and each activity.