

YWCA

School Age Program

NOTIFICATION OF AFTER SCHOOL ACTIVITIES

Please return this form to your Aftercare Staff a week before the After School activity begins.

CHILD'S NAME: _____

My child will be attending an after school activity as follows and will not be coming to the YWCA SAP at the school's regular dismissal time. Children who leave the school building for ANY reason cannot return to the YWCA SAP.

ACTIVITY: _____

DAY: M T W TH F Time of Program: _____

LOCATION OF PROGRAM: _____

AGENCY OR RESPONSIBLE ORGANIZATION: _____

DATES: From: _____ To: _____

At the Conclusion of the Activity:

Parents must make arrangements to have their child escorted to and from the activity. If returning to SAP, children need to be transported and signed in by that activity's Staff Member.

My Child will:

Return to SAP after this activity- I understand they must be signed into the program by an adult.

NOT return to the SAP

Other _____

Parent Signature: _____

Date: _____