Extra-curricular Activity Permission Form

Child's Name:	Date of Birth:
Parent/Guardian's Name:	
There are many activities for ch Please fill out the form below to is	ildren to participate in that are within walking distance ssue your consent.
Name of Actitity:	
Location of Activity:_	
Date(s) of Activity:	
Other information for	Teacher:
(Please Check All That Apply)	
My child will walk to/from the act	civity to Brilliant Beginnings.
My child will be transported by th	e following people:
	on arrangements have been made:
activity. Brilliant Beginnings will anticipate injury or incident while incidents or injuries should occur	hild,, to participate in the above monitor my child's safe departure and return, but cannot e outside their care, thus will not be liable if any such . If my child does not arrive within 15 minutes of the tim rents/guardians will be contacted to locate the child.
Parent/Guardian Signature	Date