



WEST PYMBLE OUT OF SCHOOL CARE

Please complete one form per child. You may notify us of several extracurricular activities on the same form. All forms are valid for the calendar year submitted.

Received - office use only	Date:	Time:
-------------------------------	-------	-------

EXTRA CURRICULAR ACTIVITIES

Permission to leave WPOOSC

I, _____ name, give permission for my son/daughter _____ name,

to leave West Pymble Out of School Care to attend ACTIVITY/ACTIVITIES circled below.

PLEASE CIRCLE	DAY ATTENDS	TIME from & to
BAND LESSON	MON TUES WED THUR FRI	START _____ FINISH _____
BAND PRACTICE	MON TUES WED THUR FRI	START _____ FINISH _____
TENNIS	MON TUES WED THUR FRI	START _____ FINISH _____
CHESS	MON TUES WED THUR FRI	START _____ FINISH _____
CODING	MON TUES WED THUR FRI	START _____ FINISH _____
ART	MON TUES WED THUR FRI	START _____ FINISH _____
DANCE	MON TUES WED THUR FRI	START _____ FINISH _____
PSSA	MON TUES WED THUR FRI	START _____ FINISH _____
SOCCER	MON TUES WED THUR FRI	START _____ FINISH _____
CRICKET	MON TUES WED THUR FRI	START _____ FINISH _____
OTHER *****	MON TUES WED THUR FRI	START _____ FINISH _____

He/she is aware that they must come to roll call before going to the activity.

He/she will / will not return to the centre afterwards

Signed: _____

Dated: _____

Staff Member: _____