



EXTRACURRICULAR ACTIVITY FORM

Permission to arrive late/leave early

I authorize my child, _____, to arrive late to and/or leave early from MAP due to an extracurricular activity.

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the contract below.

I recognize that my child will not be supervised by staff while s/he is away from the program. I understand I am responsible for my child when s/he is not with the program.

Parent/Guardian's Signature

Date

Ar r i v e L a t e L e a v e E a r l y	ACTIVITY/ LOCATION	METHOD OF TRANSPORTATION	TIME IN or OUT	DATES OF ACTIVITY	PARENT INITIALS & TODAY'S DATE
	<small>(i.e. flag football @ Dale St. School)</small>		<small>(i.e. walk, picked up by another parent)</small>		
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____

CONTRACT FOR CHILD TO ARRIVE LATE/LEAVE EARLY

I understand that the permission I have received to arrive late/leave early is a privilege granted to me. This privilege is based on my parents' and the teachers' expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

- I will always check in with a teacher as soon as I arrive/before I leave the program
- I will go only to destinations agreed to by my parent(s) and will inform the staff of my destination each time I leave the program
- I will behave in a safe and courteous manner while I am away from the program
- I will return to the program at or before the time designated by my parent(s) or the staff

Further, I understand that if I do not abide by the agreements made above, either my parent(s) or the MAP staff, may take away my privilege to leave the program for a time period deemed appropriate by them.

Student's Signature

Date