**Parental Permission- Extracurricular activities**

My child will be attending extracurricular activities in before or after school care time. I understand that Coscare staff will remind my child to attend their class in the morning and mark their name off the roll when they return in the afternoon. I understand that staff are unable to drop off or collect children directly.

Child's full Name ……………………………………..............................................

Name of Class (ie. Soccer, choir) ………..…………………….………...…….…..

Venue (Croydon P.S / Other) - ……………………………..………….……………

Day of Class (please tick): Monday □ Tuesday □ Wednesday □ Thursday □ Friday □

Time- from ............................ to................................. Parent Signature- ………………………….…………………

Date- ……………………………………………..…………………..

**Please Note:** Any changes to the above needs to be communicated in writing.



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