Extra Curricular Activity Form

Campus View
CHILDCARE

Child's Full Name:_____ Extra Curricular Activity:_____

ACTIVITY INFORMATION

Please indicate the day of the week for the activity:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Start Date of Activity: _____ **Time Activity Begins** _____

End Date of Activity: _____ **Time Activity Ends** _____

Please check the box that applies:

- ☐ My child will not attend Out of School Care on the dates marked above
- ☐ My child will return back to Out of School Care after the activity at _____PM
- ☐ I give CVCC permission to release my child at _____to attend the above activity
- ☐ I have ensured that anyone needing to sign my child out of after school care to attend the above activity is on their Authorized Pick Up & Release List on the Esikidz Parent App.

_____ _____ _____/_____/_____

Parent/Guardian Name **Signature** **Date**