

CPRPD After School Camp

Notification of Child Attending Additional Program After School

My Child, _____
(Child's first & last name)

Participates in _____
(activity name)

After school on _____ in _____
(day/s) (activity location)

From _____ : _____ to _____ : _____ p.m.
(start time) (end time)

A CPRPD staff member will sign your child out for this activity and will sign them back in upon return. CPRPD is responsible for your child while they are checked in to the CPRPD After School Program.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ date _____