



Extended Care Sign-Out Agreement

The following student(s) has my permission to be signed out of the Extended Care Program by the EC director or aide on the day the student will be attending another extracurricular activity at St. Eugene School.

I understand that the student(s) is responsible for getting to the extracurricular activity. Adult supervision to the activity is not provided by the Extended Care staff.

Student(s) name:

Activity: (list all that apply)

Parent signature _____ Date: _____