



KEATING OUT OF SCHOOL CARE

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The purpose of this form is to ensure proper documentation of children who participate in activities while registered at Keating Out of School Care (KOSC). It is important that parents understand that while a child is in an activity outside of KOSC they will not be under the supervision of KOSC staff. KOSC staff will ensure that children are dropped off and picked up from the activity when appropriate.

I _____ (parent's name) give permission for my child _____ (child's name) to participate in _____ (activity name). This activity begins at _____ (start time) and ends at _____ (end time) on the following days:

- Monday Tuesday Wednesday Thursday Friday

Start Date: MM/DD/YYYY

End Date: MM/DD/YYYY

Other notes:

I understand that, when applicable, my child will be dropped off and picked up from the activity, but will not be under the supervision of KOSC staff during the activity.

Parent's signature

Date

Program Manager

Date
