

*Catholic Social Services*

**PARENT’S/GUARDIAN’S PERMISSION FORM FOR  
CHILD’S/CHILDREN’S PARTICIPATION IN THE  
*OUT OF SCHOOL TIME PROGRAM***

I (we) as parent(s) or legal guardian(s) give permission for

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(Child’s Name)

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(School)

to participate in the **OST Program**, which operates Monday through Friday, 8:00am to 6:00pm from June 2016 to mid-August 2016. I (we) understand that my (our) child(ren) will receive nutritious snack, and will participate fully in all the supervised and scheduled activities of the program. I (we) agree as the parent(s) or legal guardian(s) to notify staff in writing of any physical, medical, and/or dietary restrictions my (our) child(ren) may have.

I (we), parent(s)/guardian(s) and child(ren), understand and agree to abide by all rules and regulations herein this manual established by the administration/staff, for the safety, protection, and well-being of my (our) child(ren).

I (we) further assume all risk in full from my (our) child(ren)’s participation in the OST Program.

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(Parent/Guardian’s signature)

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(Date)