



**ST. GABRIEL AFTER SCHOOL ENRICHMENT (ASE)
PARENT/GUARDIAN PERMISSION FOR ACTIVITIES ON CAMPUS**

My child, _____, has permission to be checked out of ASE to participate in _____ (List activity, sport, or club) on the St. Gabriel the Archangel campus.

Please initial each box after reading:

- I understand that my child will be checked out and returned to ASE by the Responsible party (listed below).
- I understand my child will not attend the activity if the Responsible party does not come to ASE and check out my child.
- I understand it is my obligation to arrange with the Responsible party for check out and check in of my child.
- I understand that St. Gabriel Preschool and After School Enrichment Staff are not responsible for my child during the times they are at this activity.

Date Beginning	Date Ending	(Circle) Days of the Week Attending	Responsible Party	Activity Location (EX. Gym, Library, Classroom 100)
		M T W Th F		

**If Check Out and In procedures are not followed, St. Gabriel After School Enrichment will not allow participation in the activity.*

Parent/Guardian Signature

Date signed