



CARE AFTER SCHOOL, INC.

PERMISSION TO LEAVE & RETURN TO CAS

I hereby grant permission to Care After School to release my child, _____,
for the following purpose:

NAME OF ACTIVITY: _____

DESTINATION: _____

TIME OF DEPARTURE FROM CAS: _____

TIME OF RETURN TO CAS: _____

TRANSPORTATION ARRANGEMENTS: _____

DATE(S) FOR WHICH PERMISSION IS GIVEN: _____

Signature of Parent/Guardian

Date