

2025 EBASCA Extra- Curricular Activity Permission Form

Please complete details in full to arrange your child's attendance at classes during EBASCA sessions

Child's name	
Activity / Class (please complete new form for each activity)	
Tutor name / contact person	
Location (classroom/building):	
Start Date	___ / ___ / 2025
Frequency (please circle)	One off event / weekly during the term

BEFORE SCHOOL CARE

please circle relevant day and tick the applicable details for their movements to and from EBASCA

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="radio"/> My child will attend their class <u>before</u> EBASCA, please sign in afterwards at ___: ___AM OR <input type="radio"/> Leaving EBASCA at ___: ___AM (if your child has spent time at EBASCA <u>before the lesson starts</u>)		<input type="radio"/> Returning to EBASCA at ___: ___AM OR <input type="radio"/> Not returning to EBASCA after the class		

I understand that if my child does not spend any time at EBASCA before the class they cannot be signed in until they return afterwards.

AFTER SCHOOL CARE

please circle relevant day and tick the applicable details for their movements to and from EBASCA

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="radio"/> Arriving to EBASCA at ___: ___PM (if your child will attend class from 3.20pm) OR <input type="radio"/> Leaving EBASCA at ___: ___PM (if your child has spent time at EBASCA before the class starts)		<input type="radio"/> Returning to EBASCA at ___: ___PM OR <input type="radio"/> Not returning to EBASCA after the class (parent to collect directly from lesson)		

ADDITIONAL MESSAGE/NOTES

PARENT/ GUARDIAN PERMISSION

- ✓ I grant my permission for the EBASCA Educators to release my child from the service to attend the lesson indicated on the previous page, according to the times noted. I understand the Educator will not deviate from this arrangement unless I have provided alternative written instruction.
- ✓ I understand that EBASCA Educators are not responsible for my child whilst they are absent from the Centre during this class.
- ✓ I understand my child will be walking themselves to and from the activity/lesson, unless accompanied by the tutor. I understand EBASCA Educators do not accompany my child to the class, or collect afterwards.
- ✓ I understand if I collect my child directly from the extra-curricular activity when they would usually return to EBASCA I need to notify the Centre and sign them out/ mark absent before leaving school grounds.
- ✓ I understand the service may cancel this arrangement, and I will be responsible for my child's attendance for this lesson, if the collaboration and/or communication becomes unmanageable.

Name of Parent/Guardian: _____

Signature: _____

Date: ____/____/2025

OFFICE USE ONLY

Received by: _____

Date: ____/____/ 2025

Management Team: _____

Date: ____/____/ 2025

