

Extra Curricular Activities/Lessons

Child's Name:				_ (Plea	se use a separate form for each child)	
My child will be attending	an extrac	curricul	ar activ	ity from	BASC.	
Please advise the day, tin	ne and tea	acher o	f your c	:hild's le	esson.	
	Mon	Tue	Wed	Thur	Fri	
Before School						
After School						
Please specify band/music	c lesson/c	hoir: _				
Time of lesson:					_	
Name of teacher:				I	Phone number :	
By signing below, I give pactivity above.	ermission	for Pe	nnant F	lills BAS	SC to release the child named to the	
Signature	Date		/	/	_ Please give this form to Centre Staff.	
Ext	ra Cur	ge sed A	ar Ac	t iviti	ies/Lessons	
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