



Extended Day Services

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Extra Activity Permission Slip

I give my child _____, permission to attend _____, an extra activity
Child's Name *Activity Name*

offered at the school. This activity will be held in _____ and will be held on
Activity Location

M T W Th F from _____ to _____. The activity will begin on _____ and end
(Please circle days) *Start Time* *End Time* *Start Date*

on _____.
End Date

I understand that Extended Day Services will not be supervising my child and cannot take responsibility for my child from the time he/she leaves the program until the time he/she returns to the program.

If your child is attending an after school activity, please remind your child that he/she must check in with the EDS teacher each day BEFORE he attends his after school activities.

Parent's Signature

Date