

**UFCC FORM****SCHOOL ACTIVITIES/WALKING HOME****Umbrella Family
and Child Centres
of Hamilton***Please complete all relevant fields on this form.***CHILD NAME(S):****CENTRE:****SCHOOL ACTIVITIES**

I give my child permission to attend the after school activities as outlined below. I understand that it is my child's responsibility to get to after school care after the specified activity and UFCC staff will then sign them in on the attendance. If my child is absent on a day indicated for an after school activity, it is my responsibility to inform the child care centre that they will not be attending that day. It is also my responsibility to let staff know if there are any changes to the activity schedule.

Name of Activity	Days of the Week Activity Runs	Start Date	End Date	Start Time	End Time
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				

Additional comments/notes:

WALKING HOME (GRADE 4 and up only)

I give my child permission to leave the child care centre and walk home unaccompanied as outlined below. I understand that UFCC is not responsible for my child once they leave the centre if I have given my permission for them to walk home.

Days of the Week to Walk Home	Time of Day Excused from Program	Start Date	End Date
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			

PARENT/GUARDIAN SIGNATURE

First Name, Last Name (PRINTED)	Signature	Date (mm/dd/yy)
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UFCC SUPERVISOR OR DESIGNATE SIGNATURE

First Name, Last Name (PRINTED)	Signature	Date (mm/dd/yy)
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Last Revision Approved: October 9, 2022

Date of Next Review: October, 2023