PROVIDENCE GIRLS CATHOLIC SCHOOL

Consent Form for Extra Curricular Activities

**One consent form per activity.**

Date:…………………………………

Dear Mrs. Mark,

I give my daughter ……………………….…………….. of form ……………

 Daughter’s Name in Block Letters Class

permission to participate in ……………………………..…………………on

 Name of Activity in Block Letters

………………………….………………………………………………………...

 State the days and hours your daughter is allowed to attend sessions

………………………….………………………………………………………...

 State the days and hours your daughter is allowed to attend sessions

I agree to pay the fee of $………….. per month / per term at the **beginning** of each month / term .

Respectfully,

Name of Parent (Block Letters)………………………..………..……

Parent’s Signature…………………………..…….……..

Parent’s Cell No……………..…..……

Parent’s E-mail address……………………………………………………….…….