

**BOWEN AFTER SCHOOL CARE PROGRAM, INC.**  
280 CYPRESS STREET, NEWTON, MA 02459  
617-969-3130

**RELEASE FORM FOR CHILD TO LEAVE WITH SCHOOL PERSONNEL/NEWTON COMMUNITY ED. FOR SCHOOL/COMMUNITY ED. RELATED ACTIVITIES, BASCP ENRICHMENT ACTIVITIES**

The Department of Education Early Education and Care regulations require that children participating in extracurricular activities have a completed release form on file.

I, \_\_\_\_\_, give my permission for my child,  
(Parent/Legal Guardian)

\_\_\_\_\_, to attend activities outside of the Bowen After School Care  
(Child's Name)

Program. My child will attend \_\_\_\_\_, on \_\_\_\_\_  
(Activity) (Day(s) of the Week)

beginning \_\_\_\_\_ and ending \_\_\_\_\_  
(Start Date) (End Date)

from \_\_\_\_\_ and **will/will not** be returning to the Bowen After School Care  
(Time Child will Leave Program) (Please circle)

Program at \_\_\_\_\_  
(Time Child will Return to Program)

My child will be released to and signed out by \_\_\_\_\_, and will be  
(Authorized Adult)

returned and signed in by \_\_\_\_\_.  
(Authorized Adult)

I understand that the Bowen After School Program, Inc. is not under any circumstances responsible for my child once they have been signed out and released to the above program/activity. I understand that my child will not be supervised by Bowen After School Program, Inc. staff while s/he is away from the program. I understand that I am responsible for my child once s/he leaves the program. I understand that the Bowen After School Care Program, Inc. will only resume responsibility for my child once the child has been returned to and signed back into the Bowen After School Care Program, Inc. by the authorized adult named above.

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor this contract.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)