

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

**RELEASE FORM FOR 5<sup>th</sup> Grade Self-Dismissal**

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

\_\_\_\_\_, to leave the program as noted below. I recognize that my child will not be supervised by BASCP staff while s/he is away from the program. I understand that BASCP has the right to rescind the above privilege if my child's behavior warrants the limitation.

Activity/Location	Method of Transportation	Leave Time	Restrictions

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

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