

AFTERSCHOOL: Contracted Class Release Form

KIDZONE- 825 SE 51st Ave, Portland, OR 97215
 503.535.3553 | www.pjaproud.org/Kidzone

NAME OF CHILD: _____

One Form Per Child

TERM: *(please circle the term for the classes listed below)*

Fall

Winter

Spring

Contracted Class(es):

	Monday	Tuesday	Wednesday	Thursday	Friday
Class TITLE:					
Class LOCATION:					
Class START Time:					
Class END Time:					
Start & End DATES:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Class TITLE:					
Class LOCATION:					
Class START Time:					
Class END Time:					
Start & End DATES:					

I understand that the class(es) listed above are offered by another agency or organization and that Kidzone's certification from the Child Care Division for operation of a childcare center does not apply. Therefore, Kidzone is NOT responsible for a child during their participation in these classes and standards for the Rules for Certification of Child Care Centers may not be applicable, specifically:

- Class facilitators/teachers may not meet state childcare standards.
- Class teacher to child ratios may not meet state childcare standards.
- Class teacher may not have completed a Child Care Division background check.

By signing below I give permission for my child to attend and participate in the above listed class(es).

 Parent/Guardian Signature

 Date

Photocopies can be made next business day for families, if needed - Photocopy needed by parent/guardian

Yes No