



C.A.P. EXTRACURRICULAR ACTIVITY FORM

(One form per child and activity)

I wish to inform the Arlington Heights Park District C.A.P. (Children at Play) program that my child,
_____, will be participating in an extracurricular activity during
(Child's Name)
their scheduled C.A.P. hours at _____.
(School)

My child will be attending _____ on _____
(Name of Activity) (Day of the Week)

on the following dates: _____ from _____ to _____.
(Start Date → End Date) (Start Time) (End Time)

My child _____ **will** _____ **will not** be returning to the C.A.P. program following this activity.

I understand that the Arlington Heights Park District is not responsible for my child during their enrollment in an extracurricular activity. I am aware that the group leader for the extracurricular activity is responsible for making sure that my child returns to the C.A.P. program, if I have so specified above. I am also aware that there are no refunds or credits from the C.A.P. program due to time spent away from it, for the purpose of extracurricular activity.

SIGNATURE OF PARENT/GUARDIAN

DATE