



Program Support Form - Family

This form must be completed and given to the instructor prior to the program in order for the child to participate.

PARTICIPANTS NAME: _____ **Birth Date:** _____

Please use this space to provide staff with any information or special instructions that they should be aware of. This can include custody agreements, family relations, shared guardianship, child pick-ups, or any other important information.

Please attach any necessary custody agreement forms.

Parent/ Guardian Signature: _____ Date: _____