

**St. Catherine Laboure School  
After School Activity Form**

Date \_\_\_\_\_

\_\_\_\_\_ will be remaining after school for  
(name, grade, section)  
\_\_\_\_\_ on \_\_\_\_\_. My child will be picked up at the  
(activity) (date)  
school at \_\_\_\_\_ by \_\_\_\_\_.  
(time) (name of person/relationship to child).

*Signature of Parent/Guardian*

\_\_\_\_\_

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