

Every Child's Important

321 Dakota Ave., Ste. 2, Wahpeton, ND 58075

Fax: 701-672-1421

EXTRA CURRICULAR ACTIVITIES

Parents: For the safety of the children in the ECI Youth Service programs please complete this form and return to the ECI prior to the date your child's activity begins.

Child's Name: _____ Age _____
From ECI School Site Zimmerman 9th St. N & 5th Ave Wahpeton, ND

Activity: _____

Location of Activity: _____ (specific directions-i.e. which field, door)

Dates of activity Beginning Date _____ Ending Date _____

Circle Days Activity Occurs Mon. Tues. Wed. Thurs. Fri.

Time activity begins: _____ Time activity ends _____

Equipment or supplies child is to have with him/her for the activity

Transportation Seat belts and back seat riding will be enforced. For children younger than 7 or less than 49"/80 lbs, we will need their booster car seat to transport your child.

_____ ECI staff is requested to transport the child to the activity and return him/her to ECI after the activity.

_____ ECI staff is requested to only bring the child to the activity

_____ ECI staff is requested to only return the child to ECI after the activity.

If necessary: parent to contact during activity _____ phone number _____

Parent Signature: _____ Date _____

Reminders:

- ECI Staff will not begin looking for children at extra-curricular activities until the expected arrival time noted.

- Please complete one form per child per activity.

CONTACT Site Director 701-640-8734 TO MAKE ANY CHANGES TO THIS INFORMATION