

South Carolina Department of Social Services
Child Care Licensing
**AUTHORIZATION FOR INTERVENTION, THERAPY AND
EXTRACURRICULAR ACTIVITIES**

I authorize E. CARMAN / K. TREXLER / J. MISENCIK / K. FAUST / E. HORTON to remove
Name of Person/Entity Providing Activity

Name of Child / Child's Date of Birth

from HOLY TRINITY CATHOLIC SCHOOL and/or its programs from
Name of Child Care Facility

8 AM to 2:40 PM on AS PER SCHEDULE - MONDAYS-FRIDAYS
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in SPECIALS / SPEECH / ACADEMIC REINFORCEMENT. I am aware that
Type of Activity

while participating in SPECIALS / SPEECH / ACADEMIC REINFORCEMENT, my child **will not** be supervised
Type of Activity

by a qualified staff person employed by HOLY TRINITY CATHOLIC SCHOOL (IN SPECIALS, THEY WILL).
Name of Child Care Facility

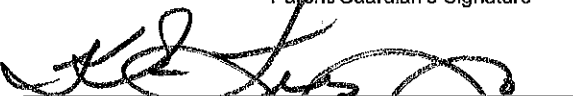
I am also aware that, E. CARMAN / K. TREXLER / J. MISENCIK / K. FAUST / E. HORTON and its employees
Name of Person/Entity Providing Activity

are not required to adhere to laws governing HOLY TRINITY CATHOLIC SCHOOL
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

Parent/Guardian's Signature

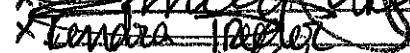
Date



Child Care Facility Director's Signature

8/8/26

Date

X 

X 

8/8/26

Date

X 

X 

Instructions:

This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.