



DEPARTMENT of  
**EXTENDED  
LEARNING**



## Discovery Link ENRICHMENT PROVIDER FORM

I \_\_\_\_\_ authorize \_\_\_\_\_  
*Parent/Guardian's Name* *Child's Name*

to participate in the following extra-curricular activity during Discovery Link programming.

TODAY'S DATE:		DATE RECEIVED BY PROGRAM STAFF:			
DISCOVERY LINK SITE:					
ENRICHMENT ACTIVITY NAME:					
*Staff name:					
*Staff name:					
*Staff name:					
LOCATION:					
DATE ACTIVITY BEGINS:			DATE ACTIVITY ENDS:		
DAYS: (Please Circle)	M	T	W	TH	F
START TIME:			END TIME:		

**EARLY RISER ENRICHMENTS** – Discovery Link staff will release your child for the above enrichment activity. Once they are released, the enrichment staff will be responsible for your child until the start of school.

**AFTER SCHOOL ENRICHMENTS** – Your child is responsible to go directly to his/her enrichment activity at the end of the school day. At the conclusion of the activity, the enrichment staff will be responsible for ensuring your child is signed in to the Discovery Link program.

**By signing this document I allow the above enrichment staff to sign my child in or out of the program on the days they are scheduled for enrichment programming.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*\* If parent does not know the teacher of the Enrichment a staff person from the Department of Extended Learning will fill in the name.*