

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

I authorize _____ Soccer Shots _____ to remove
Name of Person/Entity Providing Activity

_____/_____
Name of Child / Child's Date of Birth

from _____ Eastminster Day School _____ and/or its programs from
Name of Child Care Facility

9:00am to 6:00pm on August 2023 - August 2024
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in _____ Soccer Shots _____. I am aware that
Type of Activity

while participating in _____ Soccer Shots _____, my child **will not** be supervised
Type of Activity

by a qualified staff person employed by _____ Eastminster Day School _____.
Name of Child Care Facility

I am also aware that, _____ Soccer Shots _____ and its employees
Name of Person/Entity Providing Activity

are not required to adhere to laws governing _____ Eastminster Day 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

Katie Hemulon

8/1/23

Child Care Facility Director's Signature Date

[Signature]

8/1/23

Person Providing Activity's Signature Date

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.