

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

I authorize \_\_\_\_\_ PowerPlay, LLC \_\_\_\_\_ 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 2024 - August 2025 \_\_\_\_\_  
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in \_\_\_\_\_ PowerPlay/Super Sports Classes \_\_\_\_\_. I am aware that  
Type of Activity

while participating in \_\_\_\_\_ PowerPlay, LLC/Super Sports \_\_\_\_\_, 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, \_\_\_\_\_ PowerPlay, LLC \_\_\_\_\_ 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

KK Herndon  
Child Care Facility Director's Signature

7/12/2024  
Date

Melanie Stetson  
Person Providing Activity's Signature

7.26.2024  
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.***