

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

I authorize _____ Soccer Stars _____ 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

_____ 8:00am _____ to _____ 6:00pm _____ on _____ August 2025- August 2026 _____
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in _____ soccer classes _____. I am aware that
Type of Activity

while participating in _____ soccer classes _____, 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 Stars _____ 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 Date

_____ [Signature] _____
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.