

Extra Curricular Activity (ECA): _____

Name of child: _____

Class in school: _____

Amount Paid to facilitator: _____

Tick here to show you have read the ECA guidelines and explained them to your child:

Signature of Parent/Guardian: _____

Contact Number: _____

By signing this form I understand that any correspondence about ECAs will be directly with the class facilitator and not the school office.

----- (tear here) -----

Payment received by: _____

Amount received: _____

Date: _____