

# 2024-2025 Permission to Release to After School Care Program

I request that my child(ren) be released to the after-school care program identified below. I give my permission for them to be picked up and transported by the program personnel in an after-school care program vehicle. I understand that the after-school care program vehicles will pick up on normal school days by 3:30 pm in the front parking lot. If there are any changes in these arrangements, I will notify my child's teacher and the school office.

In consideration for the granting of my request, I hereby release, discharge and hold harmless Holy Family Catholic School and/or Catholic Diocese of Austin, together with their employees, representatives, and volunteers (collectively "Holy Family") from any and all claims, causes of action, liabilities and/or attorney's fees arising from the release of my child(ren) in accordance with my request. I further release, discharge and hold harmless Holy Family from any and all obligations and/or duties they have, if any, to my child(ren) once my child(ren) are released in accordance with my request.

**Stepping Stone XIII** \_\_\_\_\_  
7700 W. Parmer Lane  
Austin, TX 78729  
(512)336-5237

**Kids R Kids** \_\_\_\_\_  
1511 Avery Ranch Blvd.  
Austin, TX 78717  
(512)218-9669

**The Hive** \_\_\_\_\_  
**(formerly BEE Kids After School  
Enrichment Program  
On the Holy Family school  
campus**

**Leaf Spring** \_\_\_\_\_  
11651 W. Parmer Lane  
Cedar Park, TX 78613  
(512)260-9700

**Crème de la Crème** \_\_\_\_\_  
11801 West Parmer Lane  
Cedar Park, TX 78613  
(512)207-8866

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children's Learning** \_\_\_\_\_  
1920 S. Lakeline Blvd.  
Cedar Park, TX 78613  
(512)692-6236

**Abacus School of Austin** \_\_\_\_\_  
14115 Avery Ranch Blvd.  
Austin, TX 78717  
(512)436-8057

Start Date: \_\_\_\_\_

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_ days of the week your child will attend \_\_\_\_\_

Drop-in/As needed notes: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Names of children: \*\*\*Please Print\*\*\*

\_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_

Grade: \_\_\_\_\_

**Holy Family Catholic School**

**9400 Neenah Avenue**

**Austin, Tx 78717**

**512)246-4455**