

**CONEJO VALLEY USD CHILD CARE
ON-SITE ACTIVITY AUTHORIZATION**

Child's Name: _____ Center: _____

Below is a list of on-site special activities this center will participate in on the specified dates. **Please be certain to place a "yes" or "no" mark for each separate activity.** There will be no alternative care provided should you choose to withhold your permission.

<u>Date</u>	<u>Activity</u>	<u>Time</u>	<u>Yes</u>	<u>No</u>
Week 1 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 2 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 3 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 4 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 5 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 6 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 7 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
Week 8 _____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No
_____	_____	_____	Yes	No

PARENT/GUARDIAN PERMISSION

Signature of Parent/Guardian

Date

Print Name