Session 1: Weeks 1-2

CONEJO VALLEY USD CHILD CARE

ON-SITE ACTIVITY AUTHORIZATION

Child's Name: _____ **Center:** Sycamore Summer Camp

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.

Date	Activity	Time	Yes	No
6/18/24	Bubble Party	10:30 / ___	☐	☐
6/20/24	Captain Carl	1:30 / ___	☐	☐
6/26/24	PE with Mr. Joe	___ / ___	☐	☐
6/28/24	Lunch Chicken nuggets, hash browns	12:00 / ___	☐	☐
6/28/24	Photo Booth	10:00 / 12:00	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐
		___ / ___	☐	☐

PARENT/GUARDIAN PERMISSION

_____ _____

Signature of Parent/Guardian **Date**