

Session 2: Weeks 3-5

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>
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No
		___/___	Yes	No

PARENT/GUARDIAN PERMISSION

Signature of Parent/Guardian

Date