

Session 1: Weeks 1-2

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