

PROGRAM YEAR _____
CONSENT FOR CHILD TO LEAVE
THE SCHOOL AGE CHILD CARE PROGRAM
102 CMR 7.09(3)(b)

Program's Name: _____

Address: _____

I, _____ authorize my child, _____
(Parent/Guardian's Name) (child's name)

to leave the program. This permission is in effect from _____ to _____.
(date) (date)

<u>ACTIVITY /</u> <u>LOCATION</u>	<u>METHOD OF</u> <u>TRANSPORTATION</u>	<u>LEAVE/RETURN</u> <u>TIME</u>	<u>RESTRICTIONS</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the attached contract.

I recognize that my child will not be supervised by staff while s/he is away from the program.
I understand I am responsible for my child once s/he leaves the program.

(Parent/Guardian's Signature)

(Date)