

Program Year ____ - ____
OFF-SITE Activities Permission Form
Section 7.34 (5)(c)

GCCC Program: Longwood Medical Area Child Care Center
395 Longwood Avenue
Boston, MA 02215

Child's Name: _____

I _____, give
(Parent/Guardian's name)

permission for my child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

Holmes Fitness Center located on Simmons College Campus

Activities:

Movement curriculum 11:00 AM to 12:00 PM Monday through Friday.

Swim Instruction Program: Schedules and permission slips distributed each spring, summer and fall.

The program will provide in writing a list of scheduled activities.

(Parent/Guardian's Signature)

Date