Longwood Medical Area Child Care Center

Off Site Activities Permission Form Program Year _____ I give permission for my child, ______, to participate in all of the regularly scheduled on-going activities located at the following off-site facilities: Holme's Fitness Center at Simmon's University (331 Brookline Ave, Boston, MA 02215) Activities: Movement curriculum 10:00 AM to 12:00 PM, Monday through Friday Boston Children's Hospital Playground (21 Autumn Street, Boston, MA 02215) Activities: Outdoor play, morning and afternoon Monday through Friday The program will provide in writing a list of scheduled activities included in the weekly classroom curriculum. (Parent/Guardian's Signature