

# 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



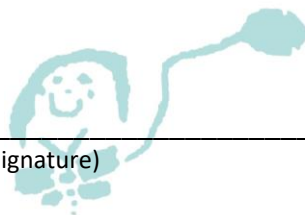
**Boston Children's Hospital Playground** (21 Autumn Street, Boston, MA 02215)

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)



\_\_\_\_\_  
Date

