

Appletree Day Care, Inc. & Appletree Child Development Center, Inc.

TRAVEL AND ACTIVITY AUTHORIZATION

____ Blanket permission for this activity ____ Special one-time permission __ Blanket permission for all given activities

___ parent/guardian of

Name of Parent/Guardian

_ give my permission to

Name of Child

Appletree Child Development Center for my child to participate in the following activities:

Trips in the car/automobile (facility or parent-owned)

Please See Attached Calendar (Calendar subject to change)

Explain planned activity – where and when

Field trips away from the facility

Please See Attached Calendar (Calendar subject to change)

Explain planned activity - where and when

I understand that Appletree Child Development Center will use the appropriate child restraint devices and abide by all the safety rules in Rule .1000 when my child is transported in a vehicle. The facility will also notify each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

In addition, if the facility has planned activities outside the fenced area of the facility, **<u>I WILL</u>** allow my child to play outside the fenced area. *adequate supervision shall be provided at all times.

Parent/Guardian Signature

Date Signed

This authorization is valid for a period of twelve months. Must be renewed annually.