

Off Premise Activity
Permission

Infants - 2's

A. Parent and Child Information		
Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary
B. Emergency Contact Information (non-parent)		
Name	Telephone Number	
C. Authorized Destination and Departure and Return Times		
Location of off premise activity	Departure Time	Return Time
STROLLER WALK IN AREA	TBD	TBD
D. Parent Signature and Date		
Permission to participate is valid from [give date] to [give date]. From _____ To _____ (up to 12 months)		
Signature of Parent or Guardian	Date	

Off Premise Activity
Permission

3-5's

A. Parent and Child Information		
Name of Parent	<input type="checkbox"/> Emergency Contact	Telephone Number - Primary
Name of Child	<input type="checkbox"/> Picture attached	Telephone Number - Secondary
B. Emergency Contact Information (non-parent)		
Name	Telephone Number	
C. Authorized Destination and Departure and Return Times		
Location of off premise activity	Departure Time	Return Time
EBMOORE PARK OFF MARSH RD	TBD	TBD
D. Parent Signature and Date		
Permission to participate is valid from [give date] to [give date]. From _____ To _____ (up to 12 months)		
Signature of Parent or Guardian	Date	