



# Haddonfield Child Care

A NJ Non-Profit Corporation  
Celebrating Over 20 years of Service

## OFF- SITE ACTIVITY PERMISSION FORM

Name of child: \_\_\_\_\_

Activity the child will be attending: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Date(s) of attendance: \_\_\_\_\_

Time(s) child will be gone: From \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

I hereby give permission for \_\_\_\_\_  
Name of Adult (Please Print)

to sign my child out of the program on the date(s) above. This adult must show identification in order for my child to be released to him/her.

He/she will return my child to the program site at the time indicated, or will call to let us know if there will be a delay or if the child will not be returning.

During the time my child is in this adult's care, and until he/she is signed back into the program, HCC assumes no responsibility for my child.

I understand that HCC staff will wait for the return of my child only until the last remaining child in their care has been picked up from the program.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date