



ACTIVITY AUTHORIZATION

I, _____ parent/guardian of
name of parent/guardian

_____ give my permission to
name of child

Kidz Are Fun CDC for my child to participate in planned activities that occur outside the fenced area of the facility.

_____ I will allow my child to play outside the fenced area; or

_____ I will not allow my child to play outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____ / ____ / ____ to ____ / ____ / ____